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Alcohol Education
Curriculum
Guide

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RISK REDUCTION
SUBSTANCE USE AND ABUSE CURRICULUM GUIDE

Section I
ALCOHOL EDUCATION

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PREFACE

The following is Section I of a three-part risk reduction curriculum guide on substance use and abuse. The entire curriculum guide includes a section on alcohol, a section on other drugs, and a section on tobacco. Prevention through education is the primary concern.

The major emphasis in developing this curriculum guide is to provide teachers with "hands-on" activities to be used in the classroom. This guide is designed to implement alcohol education into a school system every other year. However, it should be noted that in many schools alcohol education may not be offered on an every other year basis. Therefore, teachers are encouraged to pick and choose activities throughout the book based on what previous education the students have had.

ALCOHOL EDUCATION
Establishing the Need

Before determining what should be taught it is important that teachers recognize a need for alcohol education. One major reason why alcohol education is crucial is that alcohol use and abuse by young people continues to be on the upswing. In recent years, although marijuana use has increased in popularity, alcohol is still the drug most commonly used by young individuals. Two factors may account for this: first, alcohol is a socially accepted drug used by most adults; second, parents tend to encourage the use of alcohol because of the inaccurate belief that "at least the kid isn't using drugs." Following are some statistics on alcohol use among young people illustrating the seriousness of the problem.

1. Age 13 is the average to begin drinking (Alcohol & Health, p. 17).
2. In 1982, 72% of all accidental deaths of young people ranging from age 15 to age 24 in the state of Montana were caused by alcohol related motor vehicle accidents (Montana State Dept. of Institutions, p. 11).
3. In 1983, 50% of all traffic deaths in Gallatin County were alcohol related. Previous years were much higher. (Gallatin County Coroner's Report)
4. Although teenagers tend to drink less often than adults, they tend to consume larger quantities when they do drink, resulting in potential acute alcohol problems at an early age (Alcohol & Health, p. 17).

Another reason alcohol education is so important is that many young people are living with one or more alcoholics. With no help, these children are highly likely to become alcoholics themselves. Alcohol education may be the only means by which these students receive help.

THE GOAL

The purpose of alcohol education is to help students learn to function in our rapidly changing drug-oriented society without developing a dependence on alcohol. The goal is to prevent the following:

1. alcohol use at an early age;
2. injury or death caused by the misuse of alcohol; and
3. acute or chronic illness resulting from alcohol use.

Steps toward accomplishing the goal through alcohol education include:

1. Providing knowledge about alcohol at an early age.
2. Providing students with communication skills to enable them to function in our society without the use of alcohol.
3. Increasing decision-making skills, thus giving students a means of dealing effectively with peer pressure.
4. Developing healthy self-concepts.
5. Encouraging involvement in alternative "highs".

Alcohol Education

K-2



ALCOHOL EDUCATION

K-2

Students at the grades K-2 level are at a good age to teach basic concepts about alcohol and how it affects people. Unfortunately, because of the fact that few children are using or experimenting with alcohol at this age, alcohol education is usually neglected. Often overlooked are the children who are living with problem drinkers. The risk is high that these children will begin using alcohol at an early age and will later develop problems because of their drinking. Alcohol education is one means of attempting to prevent this from happening.

At this level the alcohol concepts need to be very simple. Key concepts to stress at the K-2 level include the following:

1. There are different types of alcohol.
2. Alcohol is a drug.
3. People can drink too much just as people can eat too much.
4. Alcoholism is a disease.

Key Concept: Awareness of various types of alcohol.

DEFINING "ALCOHOL"

At this age, the students' exposure to alcohol may be greatly varied. When hearing the term "alcohol", one student may picture a bottle of rubbing alcohol, while another may picture a dad coming home drunk. The following activity will help clarify the different forms of alcohol.

ACTIVITY:

Ask the class "What do you think of when you hear the word 'alcohol'?" After some sharing has taken place, explain that there are different types of alcohol. For example:

1. Alcohol is a poisonous substance used in solvents, antifreeze and other products.
2. Alcohol is a poisonous liquid used to cool body surface (rubbing alcohol).
3. Alcohol is a mind-altering drug which has been purified for drinking. It is found in beer, wine, and distilled liquor.

Ask the students where they would most likely find each type of alcohol (i.e. in the garage, medicine cabinet, refrigerator). Who uses these various types of alcohol and under what circumstances?

Key Concept: Awareness that alcohol is a drug.

SUPERMARKET BAG

Fill a supermarket bag with the following empty containers:

- (1) cold cereal box
- (2) tissue box
- (3) laundry bleach bottle
- (4) an aspirin bottle
- (5) a beer can

Have the bag sitting on your desk as the students come into the room.

ACTIVITY:

Ask the students "If someone in your family came home carrying a bag like this one, where would you think this person had been? Is it easy or hard to shop in the supermarket? Why? What did this person buy? Take one item from the bag at a time, in the order listed above. Ask the children to identify each item. Then ask the following questions for each item:

1. For whom in the family was the item bought?
2. Where is it kept in the house?
3. When is it used?
4. Is it important? Why?
5. Is it good for you? Will it make you healthy?

Point out that the beer can is as easy to open as a soda can. How is beer like soda? How does it differ? Explain that beer contains the drug alcohol, yet there is no warning label on the can as there is on a cigarette pack. There is no childproof cover as there is on the aspirin bottle. Why?

Discuss the state law stating the minimum age for the purchase of beer. Ask the children where they learned about all the things talked about today.

USED WITH PERMISSION: Introducing Alcohol Education In The Elementary School K-4, pp. 10-11, Copyright, 1978, American School Health Association, Kent, OH 44240.

Key Concept: Exploration of the consequences of excess amounts of almost anything.

HOW MUCH IS TOO MUCH?

The following activity could be used to improve students' decision-making skills by having them think of the consequences.

ACTIVITY:

1. Tell all the children to talk, turn on the record player, TV, tape recorder, etc., to create noise. This should be done at a tolerable noise level.
2. Discuss: Do you think it is noisy in the class? Are you still able to hear each other? Do you think we could have too much noise in the room?
3. Increase noise level to an unpleasant level.
4. Discuss: Do you think there was too much noise in the class? Is some noise okay? How much is too much? Is too much the same for everybody or can some children tolerate more than others? What are some other things we could have too much of?
 - how much candy is too much candy?
 - how much TV is too much TV?
 - how much food is too much food?
 - how much playing is too much playing?
 - how much alcohol is too much alcohol?
5. Have the children draw pictures of something they really like to eat. How much is enough for them? How much is too much? Draw pictures of something they don't eat. How much is too much of that?
6. Draw pictures of someone that has had too much of an alcoholic beverage to drink. How do people act when they have had too much to drink?

PUBLIC DOMAIN: Slightly modified from Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, Helena, MT., Grade K-1, 1979, p. 24-25.

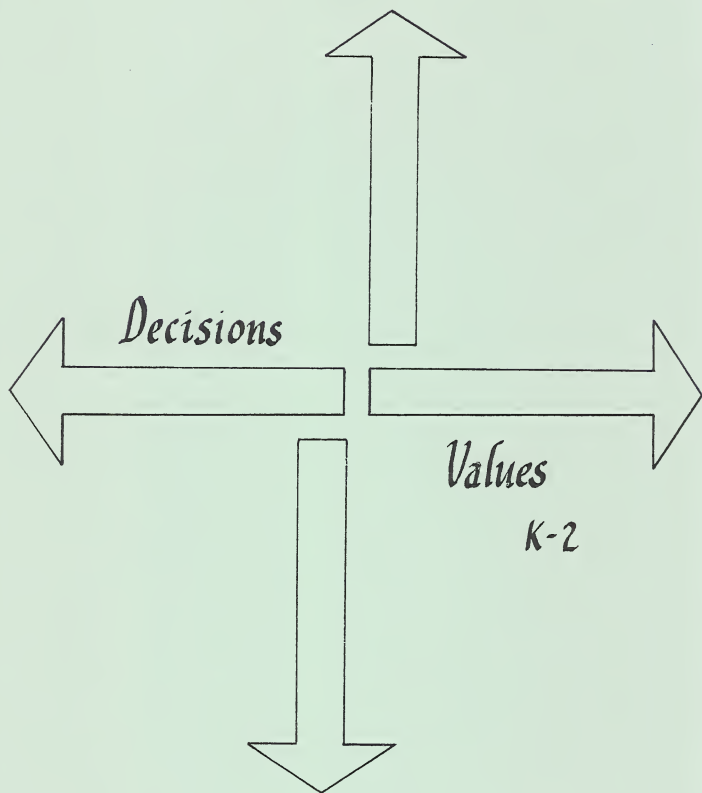
Key Concept: Awareness of the disease concept of alcoholism and where alcoholics can get help.

ALCOHOLISM

Many students are living with alcoholic parents. At a young age children often do not understand what is happening and will frequently blame themselves. The following activities will help the students understand the disease concept of alcoholism and make them aware of where the family and the alcoholic may receive help.

ACTIVITIES:

1. Have the students draw pictures of a sick person. Ask them the following questions.
 - a. When you see a sick person, what do you want to do?
 - b. How does a sick person usually feel?
 - c. How does a sick person get better?
2. Have the students draw pictures of an alcoholic. Explain to them that most alcoholics do not look like they have slept out in the street but look like normal everyday people. Ask the students the following questions.
 - a. When you see an alcoholic, what do you want to do?
 - b. How does the alcoholic feel?
 - c. Would you treat an alcoholic the same as you would a sick person?
3. Explain to the students that an alcoholic is really a sick person who needs help (the disease concept of alcoholism). Treatment centers are places where alcoholics can get help, just as hospitals are places for sick people to get help. Treatment centers are special hospitals for alcoholics.
4. Explain that once the alcoholic gets better, they need help to stay healthy. Alcoholics Anonymous is an organization which helps the alcoholic in this area. Other family members can also receive support by attending Alanon.



DECISIONS AND VALUES

K-2

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of decisions which are made every day.

WHO DECIDES?

The following activities will help students become aware of the many decisions they make for themselves each day.

ACTIVITIES:

1. Hand out the worksheet titled "Who Decides" to each student. Either read the questions for the students or have them read for themselves. Complete the worksheet.
2. Have the students share their answers. As the children answer the questions, ask, "Could anyone else make this decision?" The purpose is to help children realize there are more decisions they can make.

USED WITH PERMISSION: Cooper, JoAnn, & others, Decision-Making, (TACT: Doylestown, PA, 1979), pp. 4-5.

WHO DECIDES?

Answer the questions by writing or drawing one of the following:

Mother



Father



Me



Teacher



Friends



WHO DECIDES

What I wear to school?

What I have for breakfast?

Who I play with?

Whether or not I should do my homework?

What I should do for homework?

What my favorite food is?

What game I should play with my friends?

What I should do when there is no one to play with?

What my jobs at home are?

Key Concept: Awareness that we have help in making decisions.

DECISION-MAKING HELPERS

The following activity will help students identify various factors that help us make decisions.

ACTIVITY:

For younger children, read the list of decisions to be made and hold a discussion on where we get help in making the decisions. For older students, have them match the decisions to be made with the place to get help.

DECISIONS TO BE MADE:

1. What to order in a restaurant.
2. Whether to watch TV.
3. Where to buy a bike.
4. Whether to buy a pair of socks.
5. When to buy someone a birthday present.
6. When to leave for home from your friend's house.
7. Whether to buy a particular record.
8. Whether to plan on going swimming tomorrow.
9. Which way is shortest from your house to a hospital.
10. How to find out whether you are sick.
11. Whether to do your homework.

WHERE TO GET HELP:

- a. Price tag.
- b. Map.
- c. Weather forecast.
- d. Thermometer.
- e. Newspaper ads.
- f. Last report card.
- g. TV Guide
- h. Radio
- i. Calendar.
- j. Menu
- k. Clock

USED WITH PERMISSION: Chase, Larry; The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, Ill., 1975), p. 155.

Key Concept: Clarification of the possible consequences of risk-taking.

RISK-TAKING

Many decisions involve taking risks. A person's choice will depend on how great the risk is. Since making decisions that involve risk are so much a part of everyday life, it is important that children learn to recognize risks at an early age and look at the possible consequences before making a decision.

ACTIVITIES:

1. Hold a class discussion about what "taking a risk" means. Have individual students share activities that they have done which involved some risk. Ask them to give examples of risks that had bad consequences and good consequences.
2. Hand out a copy of "What Risks Did They Take?" and have various students describe what risks they believe were taken by the people in the pictures. Were the consequences good or bad for those involved?
3. From the page titled "Risk-Taking Situations", read some of the various risk-taking examples. Encourage the students to look at the possible good consequences and the possible bad consequences. Have them share with a partner what they would do in that given situation.

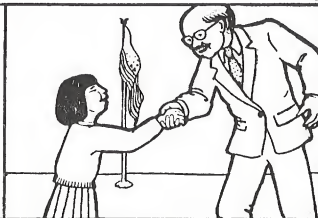
USED WITH PERMISSION: Taking Risks: Activities & Materials For Teaching About Alcohol, Other Drugs, & Traffic Safety, Book I, Elementary Ed. (California State Dept. of Education: Sacramento, Ca., 1979), pp. 19, 34.

What Risks Did They Take?

1



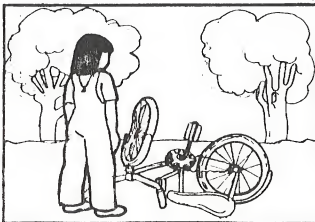
2



3



4



5



6



Situations

1. You find a bottle of pills in the school cafeteria, and a friend dares you to take one of them. Do you take it?
2. All the other kids are riding their bikes back and forth over the train tracks — and you can hear the train coming. Do you ride with them?
3. Your best friend shows you a cigarette he found. He asks you to smoke it with him. Do you?



12. Your big brother offers you a ride on his motorcycle, but he doesn't have a helmet. Do you go?
13. Several friends of yours decide to jump from a high bridge into a river — the bridge is about as high as a second-floor window. Do you go with them?
14. Some of your friends have decided to go into a house that they say is haunted. Do you go with them?

4. Another kid is swinging really high in the playground and dares you to swing higher. Do you?
5. Some older kids offer you and your friend a beer. Do you take it?
6. A group of your friends invites you to sneak out at night and go walking in the spooky woods with them. Do you go?
7. You see a new kid in school walking down the hall, and you'd sort of like to meet him. Do you say hello?
8. Your friend dares you to run across a crowded freeway. Do you?
9. Your friend tells you he's found the steepest hill in town and asks if you'll go skateboarding with him there. Do you go?
10. It's summertime and a friend asks you to swim across a lake to an island. Do you go along?
11. The P.E. teacher asks you if you're interested in trying out for the baseball team. A lot of your friends are on the team, and you'd like to do it, but you're not sure you'll make it. Do you try out?

15. When you get into the car with your mom to go to the store, she tells you that you can either use the seat belt or not, but you know you would be safer if you use it. Do you take the "easy" way and not use it?
16. You're up in the mountains. The only good hill for sledding is full of skiers going very fast. Do you go sledding anyway?
17. You've never been on a roller coaster before, and your best friend asks if you want to go along. Do you go?
18. This year for the first time you're big enough to ride the scariest ride in the amusement park. Do you go?
19. A much older kid has been picking on one of your best friends, and your friend asks if you'll help him fight the big kid. Do you help?
20. Some of your friends have found a steep cliff that they want to climb. Do you go with them?

Key Concept: Improvement of decision-making abilities.

THE SURPRISE

The following activity will provide students with an opportunity to be involved in looking at alternatives before making a decision.

ACTIVITY:

1. Read the story "Amy and the Surprise" to the class. Have each student rank order their choices of gifts in order of preference. Select individual students to share which gifts they selected as their first and last choices. Ask why they selected these.

PUBLIC DOMAIN: "Amy and the Surprise", Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, MT., Grades K-1, pp. 5-6.

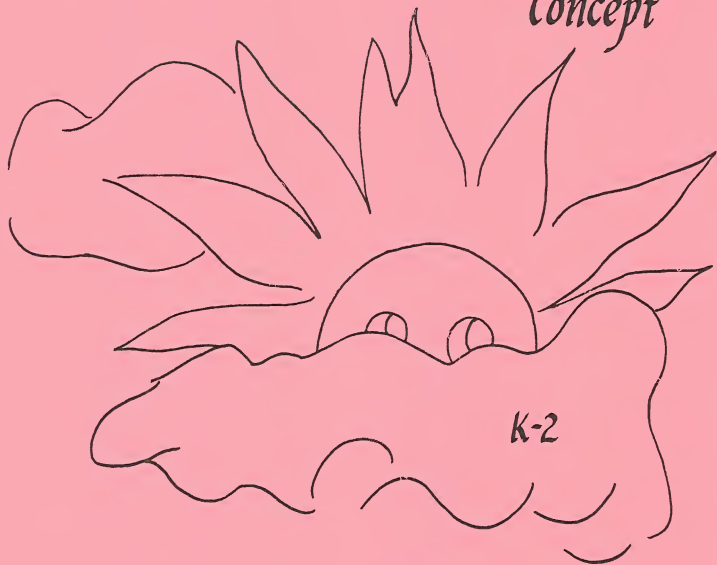
AMY AND THE SURPRISE

Amy is (five, six, seven, eight) years old. Her grandmother has come to visit her and would like to surprise Amy by doing something special for her. Amy's mother made a list of things she knows Amy needs:

- jacket - Amy's jacket is too small for her now and the weather is getting too cold to wear just a shirt.
- dentist - Amy has never been to the dentist to have her teeth checked. There will be a special children's dental clinic next week.
- bicycle - Amy has been riding her friend's bicycle and would love to have one of her own. There is a shiny red one on sale this week.
- books - Amy loves to read. She goes to the library to borrow books, but would like to have some of her own.
- trip - Amy has never been on a train. She has been to the train station to pick up her grandmother and would love to go for a train ride.

If you were the person to choose Amy's surprise, what would you choose?

Self Concept



K-2

SELF-CONCEPT

K-2

A main reason for drinking is the feelings of well-being one gets from alcohol. Development of a positive self-esteem without the use of alcohol is crucial in the prevention of alcohol abuse. The process of developing students' self-esteem include activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Awareness of unique characteristics of individuals to help develop a positive self-concept.

WHAT'S MY NAME? WHO KNOWS ME?

Explain to the children that we are different from one another and each person is special. For example, our voices are different; we can be recognized by them.

ACTIVITIES:

1. One child is blindfolded. The teacher points to another child who comes before the blindfolded child and says in his natural voice "Who am I?" The blindfolded child may guess three times. The child whose identity is being discovered is blindfolded next.
2. Following the above activity, ask students to share something else about themselves which makes them special. (This may be a good time to have them make thumbprints as another way of showing how we are special and different from one another).

PUBLIC DOMAIN: Harrison, Dorothy D., Healthy, That's Me, Health Education Curriculum Guide, Project Headstart, (U.S. Dept. of Health, Education & Welfare: Washington, D.C., 1972), p. 21.

Key Concept: Awareness of what emotions are and how they affect self-concept.

FREE TO BE YOU & ME

Society often plays down emotions as something that are not good. This activity can help children understand that emotions are a natural and healthy part of life and may be expressed in various ways.

ACTIVITY:

The following parts of the body are used to show emotions. Only the part indicated may be used.

1. Hands and arms only -- children may touch one another, but cannot say anything nor use facial expressions or body postures to express emotions such as surprise, anger, joy, love, fear.
2. Head -- facial expression, head position and movement and nonverbal sounds: growl, scream, grunt, laugh, hum, etc., but no words.
3. Whole body -- involve the whole body, posture, movement, dancing, hopping, running, etc., but not the voice.

Some emotions that can be used: Love, Joy, Anger, Fear, Shyness, Hate, Hope, Surprise, Loneliness, etc.

PUBLIC DOMAIN: Harrison, Dorothy D., Healthy, That's Me, Health Education Curriculum Guide, Project Headstart, (U.S. Dept. of Health, Education & Welfare: Washington, D.C., 1972), p. 22.

Key Concept: Enhancement of self-concepts through positive comments.

FRIENDLY BUTTONS

The following activities will encourage children to develop the habit of saying positive, caring things to each other. This will contribute to the creation of an affective environment.

ACTIVITIES:

1. Duplicate a supply of the Friendly Button below and place the buttons in a designated, accessible location. Inform the children that you are granting each of them a special, new power. Explain that each time a classmate makes an especially thoughtful or kind statement or gesture, they may award that person a Friendly Button. Show the children how to attach the buttons by using a small piece of tape, folded over and affixed to the back of the button.



2. At the end of the day, have a Friendly Button meeting of all the class members. Invite the awardees to describe to their classmates how they earned their buttons.
3. To make sure that all the children receive a button, you may wish to have frequent button days. Be sure to distribute several awards yourself to children who rarely receive the honor.

USED WITH PERMISSION: Borba, Michele & Craig; Self-Esteem: A Classroom Affair. Vol. 2, (Winston Press, Inc.: Minneapolis, MN, 1982), p. 33.

Key Concept: Enhancement of self-concept by student recognition from teacher and classmates.

WHO AM I?

Every person needs recognition. It is expressed cogently by the lad who says, "Mother, let's play darts. I'll throw the darts and you say 'Wonderful'."

ACTIVITIES:

1. Have students write their own biographical information. Include such things as talents, family happenings, hobbies, favorite places, activities, etc. Write the information on index cards.
2. Collect the cards. On occasion, read the cards at the beginning or end of class. Include a teacher description, also.

USED WITH PERMISSION: Beier, Barbara, "Enhancing Positive Self-Concept Through Creativity in the Classroom", Health Education, Vol 12, #2, Mar/April, 1981, p. 35.

Alcohol Education

3-4



ALCOHOL EDUCATION

3-4

Teaching alcohol education in grades 3-4 is important because it preceeds the age when experimenting and peer pressure become major factors. Prevention before the onset of experimentation is the major goal.

As with grades K-2, alcohol education concepts should be kept simple. Concepts to stress in grades 3-4 include the following:

1. There are different ways to make alcoholic beverages.
2. Alcohol is a drug.
3. Alcohol is a depressant.
4. People drink for various reasons.
5. Children should not drink alcoholic beverages.
6. Alcoholism is a disease.

Key Concept: Awareness of what alcohol is and why kids should not drink it.

WHAT IS ALCOHOL?

A question which may be asked by primary elementary students may be "What is alcohol, anyway?" The following activities are designed to answer that question.

ACTIVITIES:

1. Bring in a beer bottle, a shot glass, and a wine glass. Ask the students which container they think would have the most alcohol in it. Explain that the size of the bottle does not necessarily indicate which one has the most alcohol. Go on to explain that actually one bottle of beer has about the same amount of alcohol as one glass of wine or one shot of whiskey.

2. Explain the differences among these three types of alcohol.

*Beer

- is brewed
- is made from wheat, barley or rye combined with yeast.

*Wine

- is fermented
- is made from fruit (usually grapes) and yeast

*Liquor

- is distilled
- is made by evaporating most of the water out so there is a greater alcohol content

3. Hold a discussion on why kids should not drink alcoholic beverages. Point out the following:
 - a. Their bodies are smaller.
 - b. Their bodies are still growing.

Key Concept: Awareness that alcohol is a drug.

SEPARATE THE CANS

The following activity will help students recognize why beer is different than pop or punch and why children should not drink it.

ACTIVITY:

1. Assemble six empty cans: three beer cans (two popular, one less well-known) and three soda pop or fruit punch cans. Before the cans are shown to the class, ask the following questions:
 - a. What is your favorite drink?
 - b. What is your second favorite drink?
 - c. What would you serve to your friends at a birthday party?
 - d. If your parents were having a party, what would they serve?

Now show the cans to the class. Ask a volunteer to separate the cans, placing cans only grown-ups would be served at one side of the desk and cans children could be served at the other. Ask the student to explain his/her decision.

Ask the class if they know the difference between beer and other drinks. Why don't girls and boys drink beer?

The teacher should explain to the class that beer, wine, and whiskey contain a drug called alcohol. Like other drugs, it can make a person sick if too much is taken. Other drugs have warning labels on them indicating that they are drugs. Beer, wine or whiskey have no warning signs. This is probably one reason why children don't always know alcohol is a drug.

USED WITH PERMISSION: Introducing Alcohol Education In The Elementary School K-4, p. 11, Copyright, 1978, American School Health Association, Kent, Ohio 44240

Key Concept: Awareness that alcohol is a depressant.

BEER KNOWLEDGE SURVEY

The following activity could be used as a creative way to approach an alcohol education unit.

ACTIVITY:

1. As a suggested introduction to this activity, build the word "beer" on the chalkboard, starting with the first two letters. Ask the children to explain each word (eg, BE, BEE, BEER).

Discuss with the class the following questions:

1. What can you tell me about beer?
2. Where do people get beer?
3. Why do people drink beer?
4. Girls and boys usually drink milk, orange juice, soda pop; why not beer?
5. What happens if a person drinks too much beer?
6. How did you find out all the things you just told me about beer?

As the children answer the fifth question with phrases such as "walk funny", "gets sick", "can't talk right", "falls asleep", explain what "depressant" means and discuss the depressant effect that alcohol has on the body. Give examples such as slurred speech and staggering to illustrate the point.

USED WITH PERMISSION: Modified from American School Health Association, Introducing Alcohol Education in the Elementary School, K-4, pp. 11-12, "Copyright, 1978, American School Health Association, Kent, Ohio 44240".

Key Concept: History and facts about alcohol.

IF I SAID...

ACTIVITY:

Ask the children the following three questions, and then discuss their answers. This activity could also be done by writing the three key phrases on separate sheets of paper and then letting the children write down their answers on these pages as they think of them.

1. If I said "alcoholic beverages", tell me other words you have heard that mean alcoholic beverages.
2. If I said "He's a big drinker", tell me other words you have heard used for big drinker.
3. If I said "She's drunk", tell me other words you have heard used for drunk.

For question 1, responses usually include "booze", a word that has an interesting historical derivation. In the 1840s, whiskey was put into commemorative bottles that became popular collectors' items. One of these bottles, William Henry Harrison, was filled with whiskey by a distiller named E. C. Booz. They became known as Booz bottles, and the word is still in current usage today.

For question 2, responses usually include "bum" which is usually associated with a person living on the bowery, skid-row, or in the streets. In reality, less than 5% of the estimated 10 million alcoholics in the United States are found there; the remaining 95% are in all walks of life and are family members. For each person with a drinking problem, three or four others in the family are affected (almost 20% of the U.S. population). The U.S. has the dubious distinction of recently having become the world leader regarding the proportion of problem drinkers in the population.

For question 3, responses usually include "tanked", "bombed", "blasted". Point out the destructive nature of these words as related to the effects on the body of too much ethyl alcohol intake. Also point out the current trend toward males and females having almost equal numbers of drinking problems and the increasingly large number of teenage alcoholics.

USED WITH PERMISSION from American School Health Association, Introducing Alcohol Education in the Elementary School K-4, p. 12, "Copyright 1978, American School Health Association, Kent, Ohio 44240.

Key Concept: Exploration of why people do or do not drink.

WHY PEOPLE DO/DON'T DRINK

Alcohol is a socially accepted drug which is used by a large percent of the adult population. Children need to understand at an early age why some people drink and others choose not to. This activity could be used as a step towards helping children develop their own values on drinking.

ACTIVITY:

1. Discuss reasons why people do and do not use alcohol.
2. Students individually create mobiles whose theme is: Reasons people use alcohol/reasons people do not use alcohol. On each part of the mobile balance a reason for using alcohol with a reason against.
3. Have the students illustrate using cartoon people and decorate colorfully.
4. Share the mobiles with the class.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grade 4, 1979, p. 19.)

Key Concepts: Awareness that alcoholism is a disease.
Awareness that alcoholics are not "bad" people.

ALCOHOLISM IS A DISEASE

Society often portrays alcoholics as being "bad" people who drink because they want to. More currently, however, alcoholism is being viewed as a disease.

The following activity was designed to help children understand the "disease" concept of alcoholism. This activity can be particularly helpful for children who live with alcoholic parents and are afraid to admit it.

ACTIVITY:

1. Explain that a disease is a condition which hinders the natural functioning of the body. Have a box filled with cards which list different types of diseases. Include alcoholism in the box. Have each child draw a card and tell the class what their disease is. Ask the children to tell what people do to get better if they have that disease. Ask them where they can go to get help.
2. When the card on alcoholism is named, explain that it is considered a disease because even though alcoholics often want to quit drinking, they can't because of the intense craving their body has for alcohol. Discuss where alcoholics can go to get help.

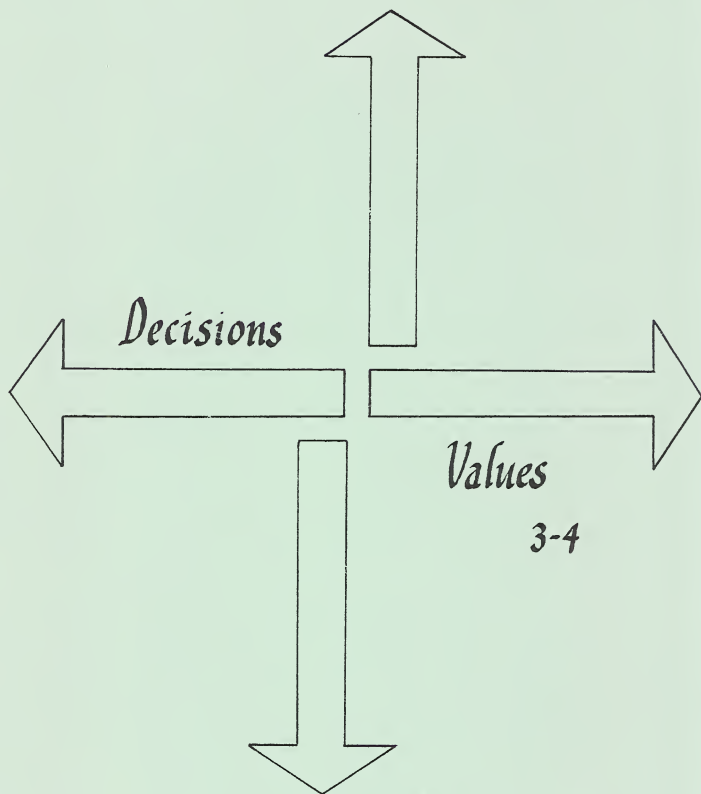
For example:

AA (Alcoholics Anonymous) a support group to help people not drink

Treatment Centers (special hospitals for alcoholics)

3. One reason that many alcoholics do not get help is that they deny that they have a problem. At this age, it is not unlikely that the students will go home and talk about alcoholism being a disease. Those children who are living with an alcoholic could be put in a disturbing conflict - that of believing parents or teacher. Therefore, teachers should be aware of this and touch lightly on the problem of denial.





DECISIONS AND VALUES

3-4

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24).

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of factors which help us make decisions.

MY CHOICES

Many factors determine how decisions are made. Sometimes decisions are made for students by the school, by their parents, by their friends, and by the laws. The following activity will help students clarify what decisions are made by them and what decisions are made by others.

ACTIVITY:

1. Brainstorm and make a list on the blackboard of others who make decisions for us. Discuss whether this is good or bad. Ask the students to think of decisions they have made for themselves. Have the students complete the handout titled "My Choices".

USED WITH PERMISSION: Taking Risks: Activities & Materials For Teaching About Alcohol, Other Drugs, & Traffic Safety,
Book I, Elementary Ed. (California State Dept. of Education:
Sacramento, CA, 1979), p. 6.

Which one made me choose ...?
Check the box.



My Choices



FRIENDS **FAMILY** **ADVERTISING** **LAWS** **OTHER** **NO CHOICE**

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. What I ate for breakfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Who my parents are | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Whether I came to school or not | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Who I sit next to in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Who I play with at recess | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What I do in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The things I have fun doing all day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. What I want to be when I grow up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The kinds of clothes I wear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My favorite make of car (if I have one) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. When I cross the street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The way I spent the last money I had | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The way I would spend \$5.00 if I had it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The kinds of people I like | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The toothpaste I like | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Key Concept: Awareness that decision-making involves taking risks.

RISK-TAKING

Students need to understand that some decisions are difficult to make because of the risk involved. To determine how risky a decision is, one must look at the consequences.

ACTIVITY:

Hold a discussion about what "taking a risk" means. Hand out the worksheet entitled "Risk-Taking". Have the students mark on the continuum how much risk is involved in the activities listed on the worksheet.

USED WITH PERMISSION: Smith, Arden & Others, Giving Kids A Piece of the Action, (TACT: Doylestown, PA, 1977), p. 64.

RISK-TAKING

<u>Decision</u>		<u>Risk Involved</u>
1. To not do homework		
Super Risky		No Risk at all
2. To cheat on a test		
Super Risky		No Risk at all
3. To try out for the basketball team		
Super Risky		No Risk at all
4. To ask to join a new group at recess		
Super Risky		No Risk at all
5. To volunteer to be chairman of a committee		
Super Risky		No Risk at all
6. To tutor a younger student in reading		
Super Risky		No Risk at all
7. To ask the teacher a personal question		
Super Risky		No Risk at all
8. To tell your best friend, "No"		
Super Risky		No Risk at all
9. To spend your milk money on ice cream		
Super Risky		No Risk at all
10. To run down the hall		
Super Risky		No Risk at all

Key Concept: The effects of peer pressure on decision-making.

JOHNNY DARE-ME

The object of the following activity is to help students identify how peers influence their decisions and behaviors, and possible ways of handling peer influence.

ACTIVITY:

1. Read "Johnny Dare-Me" story on the following page.
2. Hold a discussion using the following questions:
 - * What did Johnny's friend tell him to do?
 - * What were Johnny's choices?
 - * Why do you think Johnny listened to his friend even though he knew he would get into trouble?
 - * Why do you think Johnny didn't scribble on the drawing the last time?
 - * How do you think the friend felt about Johnny when he didn't scribble on the drawing?
 - * How do you feel when you don't think someone likes you? How do you feel when one of your friends won't do something you want him/her to do?
 - * What can you do if your friends tell you to do something you don't want to do or you think is wrong to do?
3. Have children role-play the story showing alternative ways Johnny might handle the situation. Role-play other examples of peer influence often occurring in the classroom.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grades K-1, 1979), pp. 19-20.

JOHNNY DARE-ME

This story is about Johnny Dare-Me. He was (5, 6, 7) years old. He lived in a house a lot like yours. Johnny had one friend with whom he did everything--but, you know what? Johnny was always getting into trouble. The first time I met Johnny was the first day of school. I found him running and pushing and knocking down the other kids coming to school. Johnny said his friend told him to do it. Johnny and I had a long talk about the kinds of things he could do at school and the kinds of things he couldn't do. He agreed not to run and push anymore because it isn't safe.

But, a little while later, I found him knocking down block buildings which belonged to other children. It turned out that he was dared to do it by his so-called friend. Another time, Johnny landed in the nurse's office after his friend dared him to drink some whiskey and it made him sick. Johnny kept getting into trouble, thanks to his friend, because he always did whatever his friend said.

Then one day I heard someone tell Johnny to start thinking for himself and stop listening to his friend. Later that day, Johnny came to me and told me his friend had told him to go and scribble on someone else's drawing and he didn't do it.

Key Concept: Evaluation of risk factors and consequences of decision-making.

DECISION-MAKING: WHAT WOULD YOU DO?

The following activities were designed to improve student decision-making abilities, clarify attitudes and values, and develop social responsibility.

ACTIVITIES:

1. Make copies of "What Would You Do?" and distribute to the students. For each situation have them (a) write all the alternatives possible; (b) write the risks associated with each alternative; (c) make a list of places to find more alternatives for advice; (d) make a decision and list the reasons for the decision.

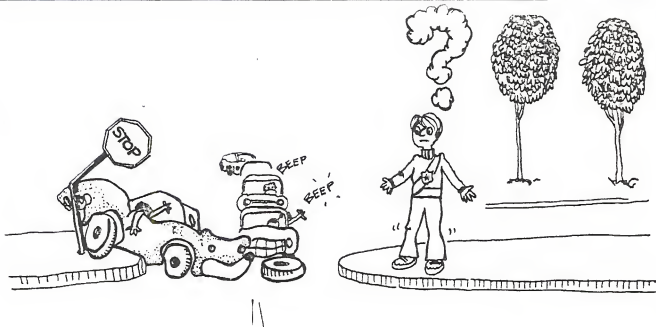
2. Do one problem orally as a class; e.g.,

You were playing baseball with a group of friends near the school. You hit the ball harder than you intended and broke a school window. You think that the friends you are playing with are the only ones who saw it happen. What would you do?

- | | |
|-----------------|--------------------|
| a. Alternatives | c. Sources of help |
| b. Risks | d. Your decision |

3. Distribute the worksheets and have the class work individually to complete them. When everyone has finished, discuss as a class. Make a composite list of all the alternatives, risks, and places to find help. Discuss differences in the risk factors and decisions listed by students. How might thinking about risks first influence your decisions?

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grade 4, 1979), pp. 23-24.



WHAT WOULD YOU DO?

1. You are a member of the school safety patrol. Your partner has left the post early for a dental appointment. Just as you are getting ready to leave, a car runs into the street sign on the corner. The driver appears to be seriously hurt, and the car is blocking traffic. What would you do?

Alternatives:

Risks:

Help:

Your Decision:

2. You're visiting a friend. He/she shows you the place where his/her parents keep their liquor. Your friend says, "Hey! Let's make a drink! I know how. I've seen Mom and Dad mix lots of them." The two of you are alone in the house. What would you do?

Alternatives:

Risks:

Help:

Your Decision:

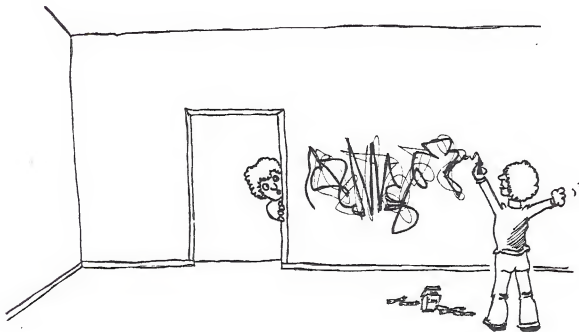
3. At Christmas time the PTA volunteered their time and painted the hallways and rooms in your school. They look much nicer, and you are proud of your PTA. One night after school, your best friend takes a crayon and writes all over the new walls in a fit of anger. You are the only one who saw your friend do it. What would you do?

Alternatives:

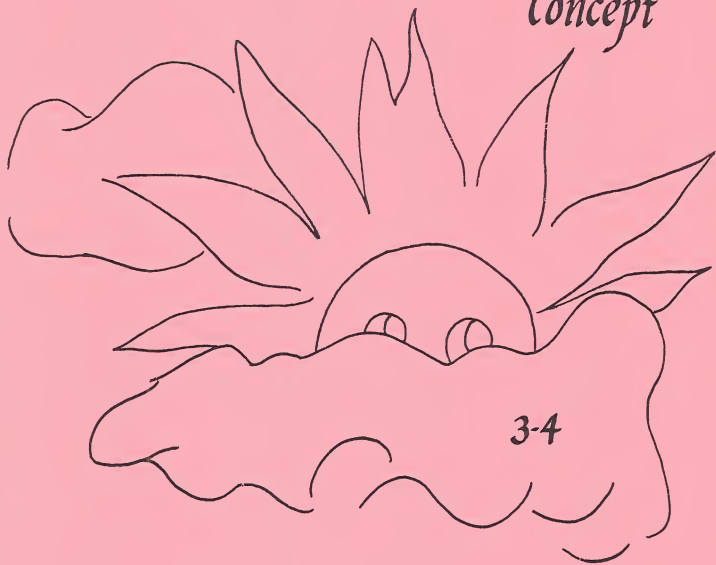
Risks:

Help:

Your Decision:



*Self
Concept*



SELF-CONCEPT

3-4

A main reason for drinking is the feelings of well-being one gets from alcohol. Development of a positive self-esteem without the use of alcohol is crucial in the prevention of alcohol abuse. The process of developing students' self-esteem include activities which do the following (It Starts With People, p. 24).

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves.
3. Help students accept individual differences.

Key Concept: Awareness of both positive and negative aspects of oneself.

INDIVIDUAL STRENGTHS & WEAKNESSES

The following activity will help students assess good and bad qualities within themselves.

ACTIVITY:

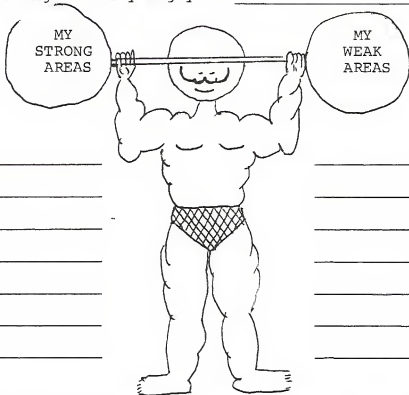
1. Hand out the worksheet titled "My Strengths and Weaknesses". After the students complete the worksheet, talk to the students about how all of us have good and bad points. Have them share with the rest of the class a strength which they have. Talk about how weaknesses can be improved.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grade 4, 1979), p. 5.

MY STRENGTHS AND WEAKNESSES

- I. 1. I feel good when _____ says I _____.
2. I feel left out when _____ doesn't choose me for _____.
3. I feel important when I _____.
4. I get angry when _____ corrects me on _____.
5. _____ usually makes me feel _____.
6. It's disappointing when _____ doesn't notice _____.
7. No matter how hard I try, I never _____.
8. One thing I really enjoy is _____.

II.



- III. List at least one weakness you have. Tell how you could improve yourself in that area.

Key Concept: Enhancement of self-concept through exploration of good feelings.

SOMETHING TO SOMERSAULT ABOUT

The following activity will help students reflect on things which make them feel good about themselves.

ACTIVITY:

1. Hold a discussion about good feelings. Ask the students how they like to act when they are feeling good. Ask them if they ever feel like running, jumping, cartwheeling, or somersaulting. Have the students list those things that make them feel good on the following handout. Encourage the students to underline the activity which makes them feel happiest.

USED WITH PERMISSION: Stanish, Bob, Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), p. 46.

LIST THINGS YOU'D FEEL LIKE SOMERSAULTING ABOUT

A tilted sheet of lined paper with horizontal lines. The left edge is numbered 1 through 7. A cartoon person is performing a handstand on the bottom right corner of the paper. The person is wearing a patterned shirt and pants, with their arms raised and legs bent. The background of the paper is filled with a stippled pattern.

Underline the happiest somersault!

Key Concept: Enhancement of self-concept by encouraging students to say positive, caring things to each other.

PAPER CHAINS

The following activities will encourage children to develop the habit of saying positive, caring things to each other which will contribute to the creation of an affective environment.

ACTIVITIES:

1. Stock an activity center or other designated area with a large supply of 1" X 8" construction paper strips in assorted colors. Store them in coffee cans, oatmeal cartons, or similar cylindrical containers for easy access. Have a supply of paste on hand. Each time a child hears someone make a positive comment or sees a caring gesture, he/she should write the name of the person and the comment or gesture on one of the strips of paper. Have the children paste the ends of the first strip together to form a ring. Have them pass the next strip through the ring and paste the ends together to begin the chain. Have them continue in this way, adding links to either end of the chain. As the chain grows, the children will have tangible evidence of all their happy, positive statements and caring gestures.
2. Display the children's paper chains in the classroom. Place them at a height the children can easily reach. Encourage them to continue to add links to the chain regularly. (Make sure each student is recognized).

USED WITH PERMISSION: Borba, Michele & Craig; Self-Esteem: A Classroom Affair, Vol. 2, (Winston Press, Inc.: Minneapolis, MN, 1982), p. 31.

Key Concept: Awareness of behavioral actions which make other people feel good.

I SAW SOMEBODY DOING SOMETHING GOOD

The following activity will help students recognize how their behaviors will make them and others feel. Students will learn social responsibility.

ACTIVITIES:

1. Discuss what people notice about other people, especially in class and at recess. Often negative behaviors receive much attention and people who "behave" without drawing attention to themselves in a negative way are ignored.
2. Cover a bulletin board with butcher paper. Tell the students that for a certain amount of time you'd like them to keep an eye open for people doing positive, considerate, neat things at school (or at home). When they see somebody doing something good, they write the name of the student and what the student did on the bulletin and sign their name next to their comments.
3. Each day at intervals the teacher and class comment on the additions to the board reinforcing the one who did something good and the one who noticed it. Students can discuss how it makes them feel about themselves when others notice the good things they do and comment on it. How do students feel about themselves when others comment only on negative things? Is it okay to like yourself?
4. When the butcher paper is full, let each student cut out the statements about him/herself doing good things and paste them on a sheet of paper. Each student can add to his/her own paper other good things he/she has done during the same time period that weren't noticed.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grade 4, 1979), p. 1.

Alcohol Education

5-6



INTRODUCTION

As students reach pre-teen ages, they may begin to notice older students experimenting with alcohol and/or may begin experimenting themselves. The interest in alcohol is going to greatly increase, hence this is a crucial time to help students distinguish between facts and fallacies about alcohol. Key educational alcohol concepts to stress at this age include:

1. Vocabulary terms related to alcohol.
2. Facts and myths about alcohol.
3. Physical and psychological effects of alcohol.
4. The effects of the mass media on drinking behavior.
5. Views which our society holds concerning alcohol.

Key Concept: Knowledge of common vocabulary words related to alcohol.

AN ALCOHOL VOCABULARY

Waiting until students reach the age where they begin experimenting with alcohol is too late. Students need a clear working knowledge about alcohol before they enter the difficult, adolescent, junior high years.

ACTIVITIES:

1. Hand out a copy of the "Knowing Now Vocabulary Sheet". Discuss the definition of each term as it relates to alcohol with the class.
2. Alcohol Vocabulary Card Game: Print the definition of each alcohol vocabulary word on the front of 3" by 5" index cards. Print the appropriate word on the back of the card. Use the cards in the following ways:
 - a. Use as an activity for individuals to learn the definitions of alcohol related words at an alcohol education station.
 - b. Using 2 sets of cards, have races between two students to see who can write down the correct words for the definitions fastest.
 - c. Have students team up and use the cards to test each others knowledge of the terms.
3. Once the students have an understanding of all the vocabulary terms, have them complete the "Knowing Now Alcohol Crossword Puzzle."

KNOWING NOW
Alcohol Vocabulary Sheet

STIMULANT:	speeds up the central nervous system
DEPRESSANT:	slows down the central nervous system
INTOXICATED:	drunk
FERMENTATION:	the process by which wine and beer are made
ABSORPTION:	the way alcohol enters the bloodstream from the stomach and small intestines
PROHIBITION:	a period in American history when it was illegal to make or sell alcoholic beverages
DISTILLING:	the process of evaporation to separate alcohol from water
HARD-LIQUOR:	distilled beverages such as whiskey or brandy
HANGOVER:	sick feeling experienced after drinking too much, usually felt the next day
BLACKOUT:	temporary amnesia (forgetting) which occurs while drinking
DETOXIFICATION:	the process of withdrawing from alcohol; "drying out"
DELIRIUM-TREMORS:	symptoms such as hallucinations, uncontrollable shaking, terror, and agitation when an alcoholic suddenly stops drinking
CIRRHOSIS OF THE LIVER:	scar tissue replaces healthy tissue in the liver as a result of drinking too much for a long period of time.
ALATEEN:	a support group designed for teenagers who live with an alcoholic
AA:	a support group for alcoholics called Alcoholics Anonymous
ALANON:	a support group for family members other than the alcoholic
TREATMENT:	care given to alcoholics who are trying to stop drinking

KNOWING NOW
Alcohol Crossword Puzzle

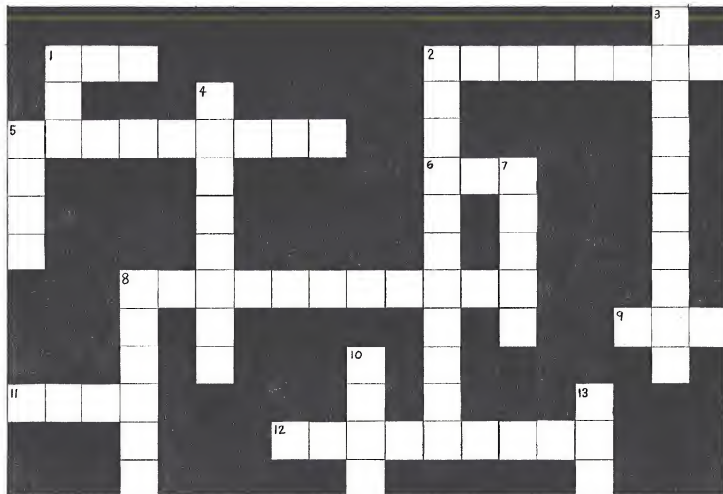
DOWN:

- 1 -- short for toddler
- 2 -- distilled beverages such as whiskey and brandy
- 3 -- slows down the central nervous system
- 4 -- temporary amnesia (forgetting) which occurs while drinking
- 5 -- what we ski on
- 7 -- another word for intoxication
- 8 -- opposite of ugly
- 10 -- opposite of short
- 13 -- opposite of no

ACROSS:

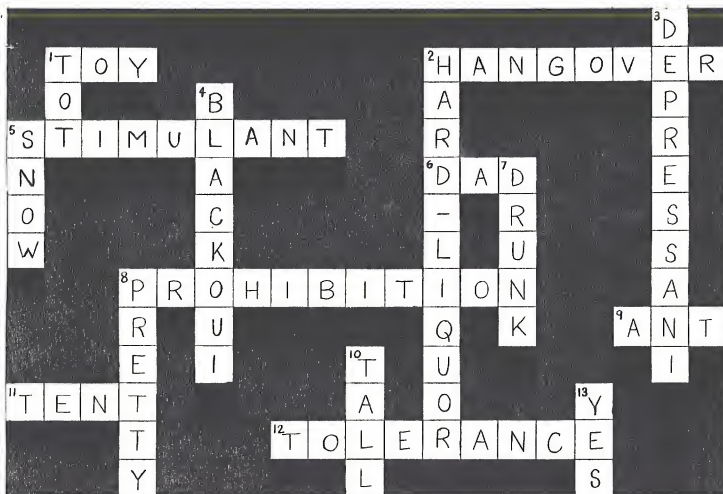
- 1 -- what a child plays with
- 2 -- unpleasant physical sensations experienced after drinking too much
- 5 -- speeds up the central nervous system
- 6 -- short for daddy
- 8 -- a period in American history when it was illegal to make or sell alcoholic beverages
- 9 -- a small insect
- 11 -- what we sleep in when camping out
- 12 -- the need to increase the dosage to achieve the same effect

KNOWING NOW



Alcohol Crossward Puzzle

KNOWING NOW



Answer Sheet

Alcohol Crossward Puzzle

Key Concept: Awareness of common myths about alcohol and why they are myths.

MYTHS ABOUT ALCOHOL

Students are sometimes misinformed about alcohol by peers and others. The following activity is designed to dispel some of the more common myths about drinking.

ACTIVITIES:

1. Hold a discussssion about what a myth is. Make sure all students have a clear understanding of the meaning of the word.
2. Hand out a copy of "Drinking Myths". Have individual students read the myths aloud. Discuss why each one is a myth.
3. Design "Drinking Myth" posters.

USED WITH PERMISSION: Myths taken directly from Dolan, Joe, "Drinking Myths", Health Education, Mar/April, 1975, Vol. 6, #2, pp. 16-17.

Drinking Myths

A guided tour through folklore, fantasy, humbug & hogwash



Alcohol is a stimulant. It's about as good a stimulant as ether. Alcohol acts as a depressant on the central nervous system.

People are friendlier when they're drunk. Maybe. But they're also more hostile, more homicidal and more suicidal. Half of all murders are alcohol-related. And one third of all suicides. Drug? Drug. Alcohol is a drug, all right. If you don't believe it, ask your doctor.



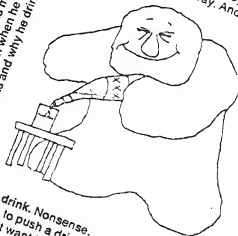
"It's only beer." Sure. Just like it's only bourbon, or vodka or gin. One beer or one glass of wine is about equal to one average "highball." The effect might be a little slower, but you'll get just as drunk on beer or wine as on "hard" liquor.



Give him black coffee. That'll sober him up. Sure, in about five hours. Cold showers don't work either. Only time can get the alcohol out of the system, as the liver metabolizes the alcohol. Slowly. There's no way to hurry it.



"I don't know any alcoholics." Maybe you just don't know you know any alcoholics. Some of your best friends may have drinking problems. They don't seem "different." And they usually try to hide their illness, even from themselves. About 1 of every 10 executives has a drinking problem.



You're not an alcoholic unless you drink a pint a day. There's no simple rule of thumb. Experts have concluded that how much one drinks may be far less important than when he drinks, how he drinks and why he drinks.

People who drink too much hurt only themselves. And their families. And their friends, and their employers, and strangers on the highway. And you.

Most alcoholics are skid row bums. Only 3% to 5% are. Most alcoholic people (about 70%) are married, employed, regular people. All kinds of people.

"What a man! Still on his feet after a whole life." When we stop thinking it's fun to drink too much, we have begun to grow up. It's no more manly to over-drink than it is to over-eat.

Getting drunk is funny. Maybe in the old Charlie Chaplin movies... but not in real life. Drunkenness is no funnier than any other illness or incapacity.

By Joe Dolan
Senior Program Manager
Operation Threshold

Key Concepts: Increase knowledge of the effects of alcohol on a person.
Improve decision-making ability.

THE TRIAL OF MR. ALCOHOL

The following activity is a means of getting students actively involved in thinking about the physical and psychological effects that alcohol has on the body. It is also a good way to encourage them to think about their views on alcohol use.

ACTIVITY:

1. Make copies of the courtroom procedure worksheet on the following page.
2. Discuss briefly some of the different points of view people have about alcohol. Is alcohol innocent or guilty? Discuss the trial of Mr. Alcohol as a way of determining the verdict. Have students share what they have read or seen about courtroom proceedings.
3. Distribute role cards to the students and give them a day to prepare their roles.
4. Conduct the trial (see following page). A major point to be made during the trial is that although people come under considerable pressure to drink, drinking is a personal choice.
5. After the trial, discuss the following questions with the class:
 - a. Do you agree with the jury's verdict? Why or why not?
 - b. What do you think would happen if alcohol were really put on trial in our society?
 - c. Do you think it would be possible to ban alcohol? If so, how? If not, why not?
 - d. Since alcohol has both good and bad effects, how do you think we should deal with it?

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grade 6, 1979), pp. 38-40.

THE TRIAL OF MR. ALCOHOL

1. Distribute role cards to the students. No one except the witnesses should reveal their role description. The witnesses for the prosecution should show their roles to the prosecuting attorney. The witnesses for the defense should show theirs to the defense attorney. There are 30 roles: prosecuting attorney, defense attorney, 7 witnesses for the prosecution, 6 witnesses for the defense, judge, court clerk, bailiff, 12 jury members. The number of witnesses on each side can be expanded as necessary to give every student a role. Major roles are the prosecuting attorney and the defense attorney. It may be helpful to assign those roles to students who can perform well in front of a group and think quickly.
2. Students should have one day to prepare their roles.
3. The setting is a courtroom where Mr. Alcohol is being accused of the crime of ruining people's lives, causing family problems, health problems, job loss, traffic accidents and death.
4. Prior to the trial, review the basic vocabulary of courtroom procedure; e.g., objection, objection overruled, verdict, defendant, defense attorney, prosecuting attorney, etc.
5. Distribute courtroom procedure worksheets (see following page) to the class. As the trial progresses, students should check off each step on their worksheets and use the space at the bottom of the worksheets for questions or points they'd like to discuss after the trial. Or, rather than assigning a role card to each student, some students could be asked to be observers at the trial and use the worksheet to make sure courtroom procedures are being followed.
6. Actual courtroom procedure in a criminal case requires that the jury decision be unanimous. However, if classroom time for the trial is limited, it may be preferable to use the civil case courtroom procedure which requires 10 out of 12 jurors to agree on the verdict rather than all of the jurors. The judge should announce to the jury before they retire to deliberate the number of jurors who must agree on the verdict.

COURTROOM PROCEDURE - TRIAL OF MR. ALCOHOL

1. All should be seated in their places.
2. The bailiff announces the arrival of the judge. All rise.
3. The judge will request those in the courtroom to be seated.
4. The bailiff will then read the charges against the defendant.
5. The defendant will state his/her plea (guilty or not guilty).
6. The judge then instructs the prosecution to present its case.
 - a. The prosecution will make an opening statement.
 - b. The prosecution will call its witnesses.
 - c. The bailiff will swear in the witnesses.
 - d. After the prosecution has questioned a witness, the defense may cross-examine if desired.
 - e. After all witnesses have testified, the prosecution gives a summary and rests its case.
7. The judge then instructs the defense to present its case.
 - a. The defense calls its witnesses.
 - b. The prosecution may cross-examine if so desired.
 - c. After all the witnesses have been called, the defense gives a summary and rests its case.
8. The judge instructs the jury about their responsibility to decide this case.
 - a. The jury then retires to deliberate.
 - b. The jury elects a spokesperson or foreman.
 - c. They then make their verdict of guilty or not guilty.
9. When the jury returns the foreman presents the verdict.
10. The judge then rules on the verdict.
If not guilty, the case is dismissed.
If guilty, the judge may make a statement and/or give the sentence.

NOTES:

Key Concept: How ingrained and accepted alcohol is in our society.

"DRUNK" SYNONYM GAME

There are, reportedly, more synonyms for the word "drunk" than for any other word in the English language. These words say something about how ingrained and accepted alcohol is in our society. To begin this game open the floor to any and all synonyms for the word "drunk". As the students call them out, write them on the blackboard.

Examples:

juiced	inebriated
plastered	pickled
polluted	under the table
zonked	smashed
blasted	loaded
tight	intoxicated

To better see how our society views drunkenness, make another list in categories. This can be done as a class or as an assignment for each individual. The categories could be: technical-medical, funny-happy, tragic-sad, and neutral. Discuss the implications. Invariably the funny-happy category is the largest.

To extend this activity, students can name plays, movies, comic strips, TV shows, and people in which (or whom) alcohol plays an integral part, then categorize them the same way they did the synonyms.

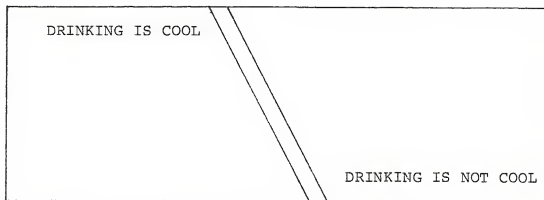
USED WITH PERMISSION: Corbin, David E., "Health Games, Simulations & Activities", Health Education, July/Aug., 1980, Vol. 11, #4, p. 26.

Key Concept: Exploration of how the Mass Media affects views on drinking.

MASS MEDIA AND DRINKING

The mass media often depicts drinking as being very glamorous and cool. This activity was designed to help students become aware of how the mass media tries to sell the glamors of drinking to the public.

Select a bulletin board in the classroom. Divide the bulletin board into two sections as illustrated below:



Have the students find as many examples through the mass media as possible depicting that drinking is cool. Have them collect pictures from magazines, make posters illustrating TV ads, and design signs with radio commercials on them which encourage drinking. Place this information on the side of the bulletin board which says "Drinking is Cool". On the side which says "Drinking is Not Cool", place examples of some of the consequences which make drinking unpleasant.

The teacher may want to ask the following questions when the preceding activity has been completed:

1. How much does the mass media affect our views on drinking?
2. Was the media used at all to depict the possible harmful consequences of drinking?

Key Concept: Society views on alcoholism.

"HELP ME" STORY

The following activity will help students evaluate the views that people in our society have about alcoholism.

ACTIVITY:

Hand out the following story called "Help Me". Have the students complete the story. Have individuals share their ending of the story with the rest of the class. Hand out the actual story ending. Hold a discussion on how people view "drunk" from a Saturday night party as opposed to "drunk" at nine o'clock in the morning. Which would be classified as an alcoholic?

PUBLIC DOMAIN: "Help Me", Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide For Alcohol Education: Grades 7-12, (Helena, MT, 1979), pp. 1416.



HELP ME!

It was a strange feeling for Mr. Tom Kaye as he walked down the street. The buildings swayed and the sidewalk moved and he realized he wasn't walking straight. So, apparently, did people in the street. As he walked slowly and unsteadily toward a neatly-dressed woman, she gasped and walked rapidly away. Tom stopped. He looked around and uttered a quiet "mish-ter", but nobody seemed to hear. Several passers-by just kept walking as if he didn't exist.

He was not well-dressed although he was neat and he carried the bag of a salesman. It was true, he was sad. He worked very hard, starting at dawn, not returning home till evening. But even working more than 12 hours a day did not get him very far. He still barely earned enough money to support his wife and child, and he was worried about how they would feed another mouth when the new baby came in a few months. And now this. He didn't understand it. He had never been sick before.

Tom walked up to a well-dressed gentleman, began to say "Mish-ter", but the man simply shook his head, said "It's too bad, fellow", and continued walking. He was kindly enough but of no help.

Tom stood still waiting for someone else to pass by. As soon as he spotted a young man about his own age, he called out, "Mish-ter, please...", but the man cut him off in mid-sentence. "Serves you right", he said. "And so early in the day. If you must drink, at least do it at night." And he walked away with a scowl on his face.

Even in his cloudy brain, Tom realized he must get help. He wasted no words on the next passer-by, an older woman who looked very dignified. "I'm sick, madam", he said. "Please..." "You certainly are," she replied. "Anybody who drinks too much is", and she continued walking, her head high in the air.

By now, Tom was reeling. He could barely stand up. He really felt sick, but nobody would help. He was certain he was going to pass out, when he saw a man standing in the doorway of a warehouse about 40 feet away. In desperation, he made his legs move, hoping to reach the doorway before the man disappeared or Tom himself collapsed. It seemed like hours, but he finally made it. There stood a tall, muscular guy, smoking a cigar, a smile on his face.

"I'm sick," Tom said. "Please help."

The man (the name "Jack" was embroidered on his work clothes) said, "Yeah, go home and sleep it off. I've had a few too many myself at times," and he laughed.

"But....I....can't....I'm really sick....Please....get...help," Tom gasped.

Jack laughed again. "It sure is awful after the 'high' wears off," he said.

"Please....," Tom pleaded. "Call....for....help....," and he pointed unsteadily to a telephone behind Jack.

Complete the story by describing what, if anything, Jack does and what happens to Tom.

ACTUAL STORY ENDING (Distribute after students have discussed the completions they wrote)

Jack finally dialed. Maybe the guy was on the level. Jack realized he didn't smell of alcohol, and he couldn't be 100% sure.

The ambulance raced through the streets to the nearest hospital. In the emergency room Tom was promptly examined. The doctor rushed him into an oxygen tent and relaxed when he saw his breathing was easier.

He said to a nurse, "Haven't seen a case like this in years. A collapsed lung. He's lucky he got here when he did. It'll be weeks before the lung heals. He'll be here for awhile."

When Mrs. Kaye arrived, Tom was comfortable and awake. Still, he found it difficult to speak, but slowly he said, "They thought.... I was....drunk. Can you....imagine....that?"

All he ever had was a little wine at religious ceremonies. He had never drunk hard liquor in his life, not even a taste.

This is a true story.

Key Concept: Sensitivity to alcoholics.

EMPATHIZING WITH ALCOHOLICS

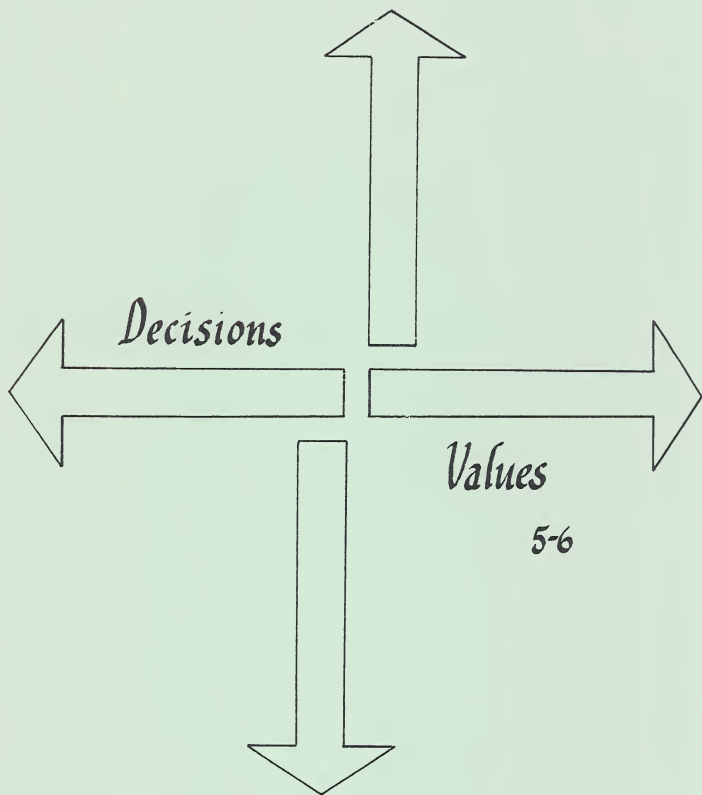
Have students actually abstain (or imagine what it would be like to abstain) from one or more very desirable activities to get an idea of what it might feel like to be an alcoholic - being unable to resist an overwhelming temptation. Examples might include:

- *Using no salt and/or sugar in food.
- *Not smoking cigarettes.
- *Not drinking alcoholic beverages.
- *Not using the telephone.
- *Not eating candy.
- *Not sleeping late on weekends.
- *Not watching TV.
- *Not drinking Coke or other soft drinks.
- *Not engaging in a favorite sport.

Each participant can select one or more activities and attempt to abstain from them for an agreed upon length of time, depending on the activity and its importance to the participant's needs and health. At the end of the agreed period, participants can write accounts of, or report to the group on:

- *Whether or not they succeeded.
- *Whether they were confronted with the opportunity to "lapse" and whether their will power diminished in the presence of the "forbidden" activity or object.
- *Their feelings during the period of abstinence . . . such as boredom, frustration, anger, grouchiness, preoccupation with or fantasies about the forbidden activity, or jealousy toward others who were not abstaining.

USED WITH PERMISSION: Finn, Peter, and others, Dial A-L-C-O-H-O-L and Jackson Junior High, (Abt. Associates.: Cambridge, Mass., 1977), p. 33.



DECISIONS AND VALUES

5-6

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following.

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24).

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of all the decisions we all make each day.

TO DECIDE OR NOT TO DECIDE

ACTIVITY:

Have the students read the story "To Decide or Not to Decide". Hand out a larger copy of the following grid. Have the students list the five most important decisions that Tommy made that day on the grid.

DECISION	MOST IMPORTANT	2ND MOST IMPORTANT	3RD MOST IMPORTANT	LEAST IMPORTANT
1.				
2.				
3.				
4.				
5.				
6.				

Have the students come up with a list of decisions which Tommy had to make that day. For example:

1. Whether to get out of bed.
2. Whether to brush his teeth and wash his face.
3. What shirt to wear.
4. Whether to eat anything for breakfast.
5. Whether to cheat on his science test.
6. Whether to take Spanish or band next year.
7. Whether to play the "soap-dish game" in the bathroom.
8. Whether to back out of the debate on the energy crisis.

Make a list of the decisions on the blackboard. Have the students list them in the order of importance. Have them indicate why they thought the decisions were important. Have the students compare their list with other people's lists.

USED WITH PERMISSION: Chase, Larry, The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, Ill., 1975), pp. 153-155.

TO DECIDE OR NOT TO DECIDE
(A day in the life of Tommy)

The sound of the newsman announcing the expressway traffic backup is the first sound Tommy hears this very average Tuesday morning. As he slams the top of the clock radio to get a few more minutes sleep, the thought pops into his head that if he doesn't get up he won't have to face the snow, the teachers, and the whining of his sister. He gets up anyway.

By some miracle, young Tom makes it to the bathroom in the dark, finds the light, and stares at the sleepy-looking but rather handsome lad in the mirror. After a brief conversation with his attractive friend, the real Tommy reaches automatically for his toothbrush. It occurs to him that if he skips the brushing and face-washing bit he can avoid having to touch water at least until supper. (He hates water!) "I mean, who would know? Mom would know! She'd probably smell my breath and guess the awful truth - and what about those two cute rah rahs in my science class?" Needless to say, he performs the washing rituals, and we next pick him up staring into his closet. Another decision! If he wears his good old "wear-it-forever" flannel shirt, he'll be ready for the lunchtime football game, but the queen of the house wouldn't approve. And if Miss Breznahan (old "clothes-make-the-man" Breznahan) asks him to debate the causes of the energy crisis, he'll be through. The flannel shirt stays in the closet and we catch up to our hero on the way to the kitchen buttoning his "Mr. Straight" normal sixth-grade boy's shirt. (He is, of course, attired in other appropriate middle-school clothing, including wrinkled Levis, worn-out Earth shoes, and socks that don't match).

All this choosing has taken valuable time, and stopping to eat now would eliminate the possibility of picking on his friend Morris before first period. A tangerine will have to do, and zoom, our hero is off to another day at the place (Kurt Vonnegut Middle School - an open-design school with a French provincial faculty).

The bell announces the beginning of first period. The science teacher announces a test covering last week's stuff and our hero is in trouble. Had he not watched the test pattern on TV until 2 A.M. he would have studied. Ah, well, yesterday's bad decisions are today's depressions. Our hero is in luck, though, one of the cute rah rahs is sitting across the aisle, with her obviously perfect paper in plain view. What will our eleven-and-three-quarter year-old hero do? Her answers must be right. "If I fail this test, I'm sure to be grounded". The penalty pales in comparison. He cheats. Our hero has become an anti-hero (or has he?).

Second period finds Tommy filling out a form for next year's schedule and having to choose between continuing with band or taking Spanish. Maybe he is feeling guilty from the science incident, but the choice is made: leave band and take Spanish.

Between second period and 3:30, Tommy has to decide whether to play the "soap-dish game" in the bathroom instead of going to the Learning Center, whether to play hockey or chase the girls at lunch, and whether to debate the energy crisis today or to wait until tomorrow. (Old Brezzy liked the shirt). As a bell began the day, so does a bell end the day, and our anti-hero rushes home to practice his trombone after declining an invitation to play "guts" frisbee with the second-best frisbee player in the sixth grade. (You will pardon our hero if he prefers to see himself as number one).

After dinner, Ernie, the brother of one of the cute rah rans, called and invited Tommy to attend a hockey game Saturday night and, of course, this conflicts with Dad's invitation to go ice fishing overnight. Tommy leaves this decision hanging and turns on the TV as Kung Fu comes into focus, and just before Tommy's brain is totally absorbed, the thought comes into his head that if he studies math instead, he might survive tomorrow's math test.

Finally, as the test pattern sinks slowly into the TV Tommy decides enough is enough and goes to bed.

Key Concept: Awareness of how our decisions affect others.

OUR DECISIONS & OTHERS

Reflection on how the students' decisions will effect others will help them become more sensitive in their decision-making process.

ACTIVITY:

1. Hand out the worksheet titled "Considering the Feelings of Others When Making A Decision." After the students have completed the worksheet, break the class into small groups and have the students discuss their answers.

USED WITH PERMISSION: Chase, Larry, The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, Ill, 1975), p. 160.

CONSIDERING THE FEELINGS OF OTHERS
WHEN MAKING A DECISION

Before we make a decision, we should consider how that choice will affect others and their feelings. In the following situations, tell whose feelings should be considered in each case and why. (You may need to consider more than one person's feelings in a given case).

1. Walking home from school, Pam and Cindy find a kitten. Both girls want to take it home with them.

2. Jan asks Carol to go swimming with her. Carol agrees to go, then she calls her cousin and invites her, without discussing it with Jan.

3. Sheryl wants to bring her guinea pig (which doesn't have a cage) to science class.

4. Jim offers to give you some permanent decals (which he doesn't think his big sister wants anymore) to put on your bedroom wall.

5. A friend's dog has just had puppies; you can have one free.

(This exercise can either be done individually or in small groups and can be discussed later as a class.)

Key Concept: Awareness of the risks involved in making decisions.

WEIGHING THE RISKS

The following activity will help students look at the consequences of the decisions that they make. Encouraging students to reflect on the amount of risk involved in making some decisions may help them become better at making wise choices.

ACTIVITY:

1. Hand out the worksheet entitled "Weighing the Risks". After the students have completed the worksheet, have volunteers share times when they have made a bad decision. Help the students examine why they made that decision.

USED WITH PERMISSION: Chase, Larry, The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, Ill., 1975), p. 158.

Key Concepts: Exploration of reasons to drink and reasons not to drink.
Discovery of own values on drinking.
Awareness of the laws on drinking.

DRINKSVILLE

Explain to the students that the current Montana State laws regarding alcohol and minors reads as such:

MCA 16-3-301: It is illegal for any retailer to sell or give any alcoholic beverage to anyone under the age of 19. It is also illegal for a person to knowingly misrepresent his or her age in order to obtain an alcoholic beverage.

MCA 45-5-623: It is illegal for any person to sell or give intoxicating substances to any minor.

Following a discussion on the laws, have the students imagine that there are no restrictions on drinking at any age by using the following activity.

ACTIVITY:

1. Make copies of "New Law in Drinksville" worksheet (see following page) for the class and distribute to the students.
2. Have students write their responses anonymously.
3. Divide class into small groups to discuss the worksheet. Have each group list what they think are good reasons for drinking and why, and good reasons for not drinking and why. Discuss and list the possible consequences of a law which allows everyone of all ages to drink alcohol.
4. Groups report their conclusions to the class and discuss: How would you feel if you were given total freedom to make all your decisions without approval from any adult? How important is it to you to be able to drink alcohol? Survey the class to determine how many students would support the existence of such a law and why? How many would not, and why not? Discuss the actual laws.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, Mt., Grade 5, 1979), pp. 14-16; 61 (yellow pages).



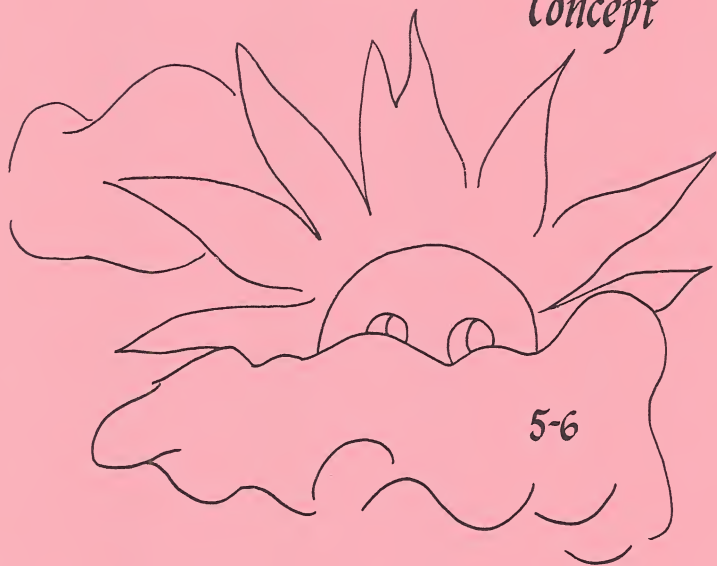
THE NEW LAW IN DRINKSVILLE

A new law has just been passed in Drinksville making it legal for people in the town to drink as much alcohol as they want at any age. You are 11 years old and live in Drinksville. Your parents have told you that whether or not you drink and how much you drink is completely up to you. How will the new law affect you? Write your answers to the following:

1. Will you drink? Or, if you drink already, will you drink more often or drink more openly? Explain your reason.
2. What would you encourage your friends to do? Explain.
3. What possible consequences do you foresee in Drinksville when the law goes into effect? Consider both positive and negative consequences.



*Self
Concept*



SELF-CONCEPT

5-6

A main reason for drinking is the feelings of well-being one gets from alcohol. Development of a positive self-esteem without the use of alcohol is crucial in the prevention of alcohol abuse. The process of developing students self-esteem include activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Awareness of emotions and how they affect our behavior.

MOOD METER

The following activity will help students realize that emotions are neither good nor bad but are a natural part of everyone's life.

ACTIVITY:

1. Discuss what moods are and how frequently our feelings change. Make a list of different moods. Have the students give examples of things that change their moods. Note that our behavior and how others see us is often affected by how we feel at a given time. What is a "good" or "bad" mood? Describe a person in a "bad" mood. In a "good" mood.
2. Give each student a "Mood Meter" sheet. Have them record their mood changes for a week. At the end of the week discuss as a class various causes of mood changes. Do things which happen outside of the classroom, e.g., at home, on the playground, influence your mood in class? Did your mood remain the same all day? all week? Have the students list things that help them feel good or be in good moods and those that cause bad moods. Discuss alternative ways of dealing with feelings.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, MT, Grade 6, 1979), p. 6-8.



MOOD METER



Month: _____

MON

TUES

WED

THURS

FRI



Key Concept: Exploration of how "put-downs" affect our self-image.

PUT-DOWNS

The following activity could be used during a physical education class to demonstrate how "put-downs" effect students' participation in sport activities.

ACTIVITY:

After at least two weeks of team sports activities, ask students to individually write down one "put-down" they have heard sometime during the team sports activities. Explain to the students that these put-downs will be read out loud to the rest of the class.

1. Collect the "put-downs", and one at a time, let students draw one from the pile, read it to the class, and describe how they would feel if someone had said such a statement to them.
2. Time permitting, role play PE situations in which "put-downs" are likely to occur; role play ways in which the situations could be handled without the use of a "put-down". Ask students to think of ways in which "put-downs" pressure a person--especially in a team sport setting.
3. Ask students to draw a relationship between the strengths of a person's self-image and his/her willingness to participate in sports activities.
4. Ask students to individually write down positive statements which could encourage rather than discourage them from playing with others in the class. Collect these statements, without comment; read them out loud to the class. Save the positive statements. When appropriate or necessary, suggest that students choose a positive statement rather than a "put-down" as a way of communicating to someone else in the class.

PUBLIC DOMAIN: National Institute on Drug Abuse, Saying No: Drug Abuse Prevention Ideas for the Classroom, (Superintendent of Documents, U.S. Government Printing Office: Washington, D.C., 1980), p. 7.

Key Concepts: Clarification of one's own attitudes on drinking and how it affects our self-image.

WHERE DO YOU FIT?

The following activity could be used as a means of exploring feelings students have when peer pressure is placed on them or when they use peer pressure on someone else.

ACTIVITY:

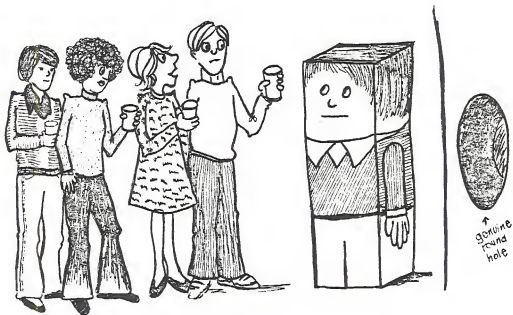
1. Make copies of the "Where Do You Fit?" worksheet for the class.
2. Have the students complete the worksheet individually, and share answers in class discussion or small groups. Role-play answers to questions 1 and 2 on the worksheet and discuss.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades K-6, (Helena, MT., Grade 6, 1979), pp. 1-3.

WHERE DO YOU FIT?

WORKSHEET

1. Would you feel like a square peg at a party with your friends, if they wanted you to drink but you refused? Why or why not? How would you handle the situation?
2. Pretend you're at a party where there is alcohol and you're drinking. One of your friends doesn't want to drink.
 - Would you see your friend as a square peg? Why or why not?
 - Would you defend your friend's choice not to drink to the others at the party?
 - If you did defend your friend's right to choose, how do you think the others would treat you? How would you handle their reactions?
3. Do you think an adult can feel comfortable in our society without drinking? Explain. Do you think a teenager can feel comfortable without drinking? Explain.



Key Concept: Awareness of decisions made based on outward appearance and how that affects our self-esteem.

THE GREEN OG

At the 5th and 6th grade level, many decisions are made on outward appearance. At the same time, the students are reaching pre-adolescent years where alot of change is taking place in their bodies. The following activity will help students look at the effects of judging something by outward appearance only, and how that affects our self-esteem.

ACTIVITY:

Hand out a copy of the worksheet "The Green Og" to each student. Before holding a discussion, have the students complete the worksheet. Then ask the following questions:

1. What did you do with your "Green Og?"
2. What did you base your decision on? Appearance?
3. How did you feel about doing that?
4. Have you ever felt like a "Green Og"?
5. How would you like to be treated if you were the "Green Og"?

Hold a discussion on how society places so much emphasis on outward appearance that we often fail to see what is on the inside.

USED WITH PERMISSION: Stanish, Bob; Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), p. 54.

THE GREEN OG

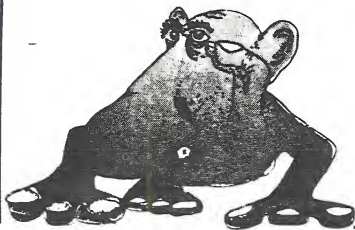
This is a green og. It's half human and half animal.

The green og is the last of its kind. Some want to destroy it because of its ugliness. Some would buy tickets to see it. Some zoos would love to exhibit it. Some would feature it in horror films, while others want it for medical research.

The green og is given to you!

What will you do with it?

Why?



Alcohol Education

7-8



INTRODUCTION

The factor having the greatest influence on students at the junior high level is peer pressure. Junior high is a time when a great number of students begin experimenting with alcohol.

Although the greatest focus of prevention at this level should be how to handle peer pressure, providing students with facts about alcohol and helping them discover factors which play a part in what decisions they make about alcohol are also important. The following are educational alcohol concepts which could be further explored at the junior high level.

1. Facts about alcohol.
2. Family history of alcohol use.
3. Effects of the mass media on drinking behavior.
4. Becoming involved in educating the public about alcohol.
5. Views that our society holds concerning alcohol use and how that affects our decisions.

Key Concept: A needs assessment to determine what students know about alcohol.

PRE/POST ALCOHOL KNOWLEDGE TEST

Hand out the following test as a pre-test to determine how much the students already know about alcohol. Following a unit on alcohol education, give the test as a post-test to determine if the alcohol education unit was effective.

ANSWERS

1. true
2. false
3. false
4. false
5. false
6. false
7. true
8. false
9. false
10. false
11. false
12. false
13. false
14. true
15. false
16. true
17. false
18. true
19. false
20. true
21. false
22. true
23. true
24. false
25. true

ALCOHOL KNOWLEDGE TEST

Answer true or false to the following questions concerning alcohol use and abuse.

- _____ 1. Alcohol is a mind-altering drug.
- _____ 2. Alcohol is a stimulant.
- _____ 3. An alcoholic is always fun to be around.
- _____ 4. You won't become an alcoholic if you drink only beer.
- _____ 5. Most alcoholics live in the streets.
- _____ 6. A person who drinks too much only hurts him/herself.
- _____ 7. Intoxicated means drunk.
- _____ 8. An alcoholic is a "responsible" drinker.
- _____ 9. Coffee will sober a person up.
- _____ 10. Wine is considered hard-liquor.
- _____ 11. Alcoholism is now considered a curable disease.
- _____ 12. A cold shower will sober a person up.
- _____ 13. There is nothing wrong with driving after a few beers.
- _____ 14. Hard-liquor has been distilled.
- _____ 15. Women seldom become alcoholics because of the chemical make-up of their bodies.
- _____ 16. One ounce of whiskey has the same amount of alcohol as one 12 ounce can of beer.
- _____ 17. Eating before drinking will speed up the effects of the alcohol.
- _____ 18. Alcohol passes through the stomach directly into the bloodstream.
- _____ 19. Everyone enjoys drinking.
- _____ 20. 80 proof liquor contains 40% alcohol.
- _____ 21. It is illegal to advertise for alcoholic beverages on television.

- _____ 22. People growing up with one or more alcoholic parents are more likely to become alcoholics.
- _____ 23. 90-95% of the alcohol is processed in the liver.
- _____ 24. All people who become drunk are alcoholics.
- _____ 25. Cirrhosis of the liver is caused by drinking too much for a long period of time.

Key Concept: Knowledge of common vocabulary words related to alcohol.

AN ALCOHOL VOCABULARY

The following activities are expanded from the "Knowing Now" activities developed for 5th and 6th graders.

ACTIVITIES:

1. Hand out a copy of the "Alcohol Vocabulary Sheet". Discuss the definition of each term as it relates to alcohol with the class.
2. Alcohol Vocabulary Card Game: Print the definition of each alcohol vocabulary word on the front of 3" by 5" index cards. Print the appropriate word on the back of the card. Use the cards in the following ways:
 - a. Use as an activity for individuals to learn the definitions of alcohol related words at an alcohol education station.
 - b. Using 2 sets of cards have races between two students to see who can write down the correct words for the definitions fastest.
 - c. Have students team up and use the cards to test each other's knowledge of the terms.
3. Once the students have an understanding of all the vocabulary terms, have them complete the "Alcohol Crossword Puzzle".

PUBLIC DOMAIN: Definitions modified from Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades 7-12, (Helena, MT, 1979), pp. 1-5 (glossary).

ALCOHOL VOCABULARY SHEET

ABSORPTION:	the process by which alcohol enters the bloodstream from the small intestine and stomach
ABSTINENCE:	drinking <u>no</u> alcoholic beverages
ADDICTION:	physiological and/or psychological dependence on a drug
ALCOHOL:	the intoxicating chemical (C_2H_5OH) found in liquors and produced by the action of yeast on sugars and starches
AA:	an organization called Alcoholics Anonymous that meets to discuss problems of those who are trying to control their addiction to alcohol
ALANON:	a support group for family members other than the alcoholic
ALATEEN:	a support group designed for teenagers who live with an alcoholic
ANTABUSE:	medication given to alcoholics which will cause them to vomit if they drink any alcoholic beverage
BENDER:	a period of continuous intake of alcohol with the intent of getting drunk
BLACKOUT:	temporary amnesia (forgetting) which occurs while drinking
BRANDY:	made by distilling wine; contains 40-50% alcohol by volume
BREWING:	the fermentation of grains that result in beer or ale
CIRRHOSIS OF THE LIVER:	scar tissue replaces healthy tissue in the liver as a result of drinking too much for a long period of time
DAYDREAM:	to let the imagination wander while the eyes are open and the mind is not sleeping
DELIRIUM-TREMORS:	symptoms such as hallucinations, uncontrollable shaking, terror, and agitation when an alcoholic suddenly stops drinking
DEPRESSANT:	slows down the central nervous system
DETOXIFICATION:	the process of sobering up and withdrawing from toxic or poisonous effects of alcohol; also called "drying out"
DISTILLING:	the process of evaporation to separate alcohol from water

FERMENTATION: the chemical reaction that produces alcohol when yeast and sugar are combined; the process by which wine and beer are produced

HANGOVER: sick feeling experienced after drinking too much; usually felt the next day

HARD-LIQUOR: term used to refer to distilled beverages as opposed to beer and wine

INTOXICATION: drunk

JIGGER: a small cup or glass used to measure liquor, containing usually 1 1/2 fluid ounces

KEGGER: a party held primarily for the purpose of drinking beer; most common with junior high, senior high, and college groups

MALT: ingredients such as barley, corn or sugar used to produce beer and ale

OXIDATION: the process by which the liver converts alcohol into heat and energy and releases carbon dioxide (which is exhaled) and water (which is eliminated as urine)

PARANOIA: psychotic disorder marked by slowly developing delusions of persecution and/or grandeur

PROHIBITION: a period in American history when it was illegal to make or sell alcoholic beverages

PROOF: a number which is equivalent to double the alcohol content of whiskey (86 proof whiskey contains 43% alcohol)

REALITY: that which has objective existence and is not merely an idea

RUM: a beverage distilled from molasses derived from sugar cane; contains higher levels of alcohol than whiskey

STIMULANT: speeds up the central nervous system

TEMPERANCE: use of alcohol in moderation

TOLERANCE: the body's ability to overcome the usual effects of alcohol so that an increased dosage is needed to achieve the same effect as before

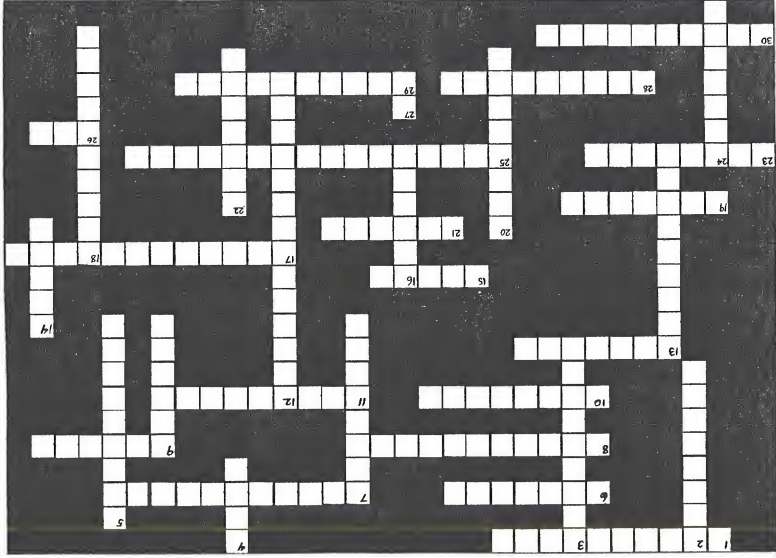
TREATMENT: care given to alcoholics who are attempting to stop drinking

VODKA: a mixture of neutral spirits (ethyl alcohol) and water; much of the commercial source is 100 proof

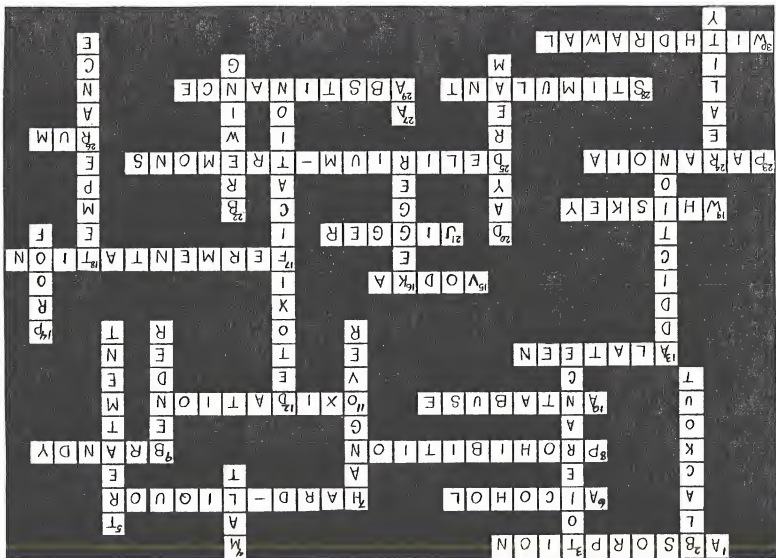
WHISKEY: a distilled beverage made from fermented grain with an alcohol content between 80-110 proof, and aged in charred oak barrels

WITHDRAWAL: after developing a physical dependence on alcohol, this is the result of discontinuing it's intake

ALCOHOL CROSSWORD



ALCOHOL CROSSWORD



ALCOHOL VOCABULARY

Crossword Puzzle

DOWN:

- 2 -- temporary amnesia (forgetting) which occurs while drinking
- 3 -- the body's ability to overcome the usual effects of alcohol so that an increased dosage is needed to achieve the same effect as before for the individual
- 4 -- ingredients such as barley, corn or sugar to produce beer or ale
- 5 -- care given to alcoholics who are attempting to stop drinking
- 7 -- unpleasant physical sensations experienced after drinking too much
- 9 -- a period of continuous intake of alcohol with the intent of getting drunk
- 12 -- "drying out"
- 13 -- physiological and/or psychological dependence on a drug
- 14 -- a number that is equivalent to double the alcohol content of whiskey
- 16 -- a party held primarily for the purpose of drinking beer
- 18 -- use of alcohol in moderation
- 20 -- to let the imagination wander while the eyes are open and the mind is not sleeping
- 22 -- the fermentation of grains that result in beer or ale
- 24 -- that which has objective existence and is not merely an idea
- 27 -- a support group for alcoholics

ACROSS:

- 1 -- the process by which alcohol enters the bloodstream
- 6 -- the intoxicating chemical found in liquors
- 7 -- term used to refer to distilled beverages
- 8 -- a period in American history when it was illegal to make or sell alcoholic beverages
- 9 -- made by distilling wine
- 10 -- medication given to alcoholics which causes vomiting when alcohol is drunk
- 11 -- the process by which the liver converts alcohol into heat + energy and releases carbon dioxide (which is exhaled) + water (which is eliminated as urine)
- 13 -- a support group for teenagers living with alcoholics
- 15 -- a mixture of neutral spirits and water
- 17 -- the process by which wine and beer are produced
- 19 -- a distilled beverage

ACROSS: (continued)

- 21 -- a small 1 1/2 ounce glass used to measure liquor
- 23 -- psychotic disorder marked by slowly developing delusions
- 25 -- symptoms such as hallucinations, uncontrollable shaking, terror, and agitation when an alcoholic suddenly stops drinking
- 26 -- a beverage distilled from molasses derived from sugar cane
- 28 -- speeds up the central nervous system
- 29 -- drinking no alcoholic beverages
- 30 -- after developing a physical dependence on alcohol, this is the result of discontinuing it's intake

TERMS TO CHOOSE FROM:

ABSORPTION	HARD-LIQUOR
ABSTINENCE	INTOXICATION
ADDICTION	JIGGER
ALCOHOL	KEGGER
AA	MALT
ALANON	OXIDATION
ALATEEN	PARANOIA
ANTABUSE	PROHIBITION
BENDER	PROOF
BLACKOUT	REALITY
BRANDY	RUM
BREWING	STIMULANT
CIRRHOIS OF THE LIVER	TEMPERANCE
DAYDREAM	TOLERANCE
DELIRIUM-TREMONS	TREATMENT
DEPRESSANT	VODKA
DETOXIFICATION	WHISKEY
DISTILLING	WITHDRAWAL
FERMENTATION	
HANGOVER	

Key Concept: Discrimination between alcohol facts and opinions.

FACT FINDING

It is easy to become confused about what is a fact and what is not. The following activities will help students determine what is fact and what is opinion as it applies to alcohol use.

ACTIVITY:

1. Have the students look up the definitions of fact and opinion in the dictionary. Discuss the difference between the two. Send the class to the library to discover as many facts as they can about alcohol. Make sure they can verify their "facts" by requiring a bibliography. Have each student write out their facts on 3 X 5 inch cards. Place the cards in a box. Divide the class into four groups. The teacher draws a fact card from the box and asks a question from the fact card. Each group works as a team to score the most points. If group 1 cannot answer the question, group 1 scores no point and the same question is given to group 2. If group 2 answers the question correctly, group 2 receives one point. The next question is given to group 3.
2. Play "Alcohol Fact Baseball". Break the class into groups of 3-4. Give each group a set of "Alcohol Facts Baseball" cards, a baseball diamond, and 3-4 markers. One at a time, the students should draw a card, read the question aloud and try to answer it. If answered correctly, move the number of bases indicated on that card (i.e. triple, double, single).

USED WITH PERMISSION: "Alcohol Fact Baseball", Taking Risks: Activities & Materials for Teaching About Alcohol, Other Drugs and Traffic Safety, Book II, Secondary Edition, (California State Dept. of Education: Sacramento, CA., 1979), pp. 51-53.

"Alcohol Facts Baseball" Question Cards

This sheet consists of "Alcohol Facts Baseball" cards. Fold the blank sides together, and paste.

<p>Triple: People with drinking problems often start out by</p>	<p>Answer: Enjoying alcohol without any problem, drinking responsibly</p>	<p>Single: The legal drinking age in California is 1 19 2 21 3 16</p>	<p>Answer: 2</p>	<p>Double: Which of the following contains the greatest amount of alcohol? 1 A 5-ounce glass of wine 2 A shot of whiskey 3 A 12-ounce can of beer</p>	<p>Answer: All three are about the same</p>
<p>Single: Alcohol helps people relax and therefore solves a lot more problems than it causes. True or false?</p>	<p>Answer: False</p>	<p>Single: A tall, heavy person and a short, light person will usually be affected the same way by three cans of beer. True or false?</p>	<p>Answer: False</p>	<p>Single: Whether a person gets drunk or not depends mainly on 1 His or her weight 2 The amount of alcohol he or she consumes 3 The time in which the alcohol is consumed 4 His or her previous experiences with alcohol drinking 5 All of the above</p>	<p>Answer: 5</p>
<p>Double: Name at least two factors that will affect whether or not a person will get drunk on a certain amount of alcohol.</p>	<p>Answers: At least weight and amount of alcohol, also time and previous experience</p>	<p>Double: The best way to get a person to sober up fast is to _____</p>	<p>Answer: Wait</p>	<p>Single: Which of the following is the best way of sobering a person up? 1 Black coffee 2 Cold showers 3 Waiting until the effects wear off</p>	<p>Answer: 3</p>

“Alcohol Facts Baseball” Question Cards (continued)

This sheet consists of “Alcohol Facts Baseball” cards. Fold the blank sides together, and paste.

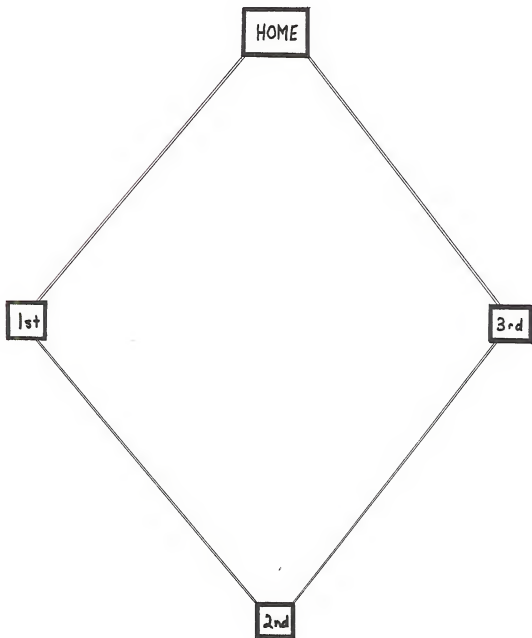
Single: One of the most important things about learning how to drink is: 1. Knowing how alcohol affects you, knowing your limits 2. Knowing which are the best brands of alcoholic beverages 3. Knowing the proper occasions for beer or other alcoholic beverages	Answer: 1	Double: A person is usually considered intoxicated when his or her blood alcohol content has reached: 1. .04 percent 2. .08 percent 3. .10 percent	Answer: 3
Triple: Name three serious problems that can be the result of drinking alcoholic beverages	Possible answers: Traffic accidents, job problems, physical problems, economic consequences	Single: No one ever gets drunk on wine. True or false?	Answer: False
Triple: Which of the following can be the result of too much drinking? 1. Cirrhosis 2. Measles 3. Diphtheria 4. Brain damage 5. Intoxication	Answers: 1, 4, and 5	Single: Most teenagers have had their first drink by the age of 13. True or false?	Answer: True
Double: Which one of the following is a fair estimate of the number of people affected by alcohol-related problems in America? 1. 1 million 2. 3 million 3. 10 million	Answer: 3	Triple: Cirrhosis is a disease of the _____	Answer: Liver

"Alcohol Facts Baseball" Question Cards (continued)

This sheet consists of "Alcohol Facts Baseball" cards. Fold the blank sides together, and paste.

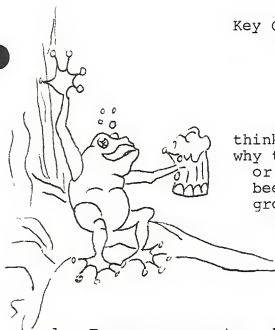
Single: A person can drink so much alcohol that he or she will fall down. True or false?	Answer: True	Triple: Define blood alcohol content	Answer: The percentage of alcohol in the blood after a person has drunk an alcoholic beverage	Single: Beer does not contain alcohol. True or false?	Answer: False
Single: Alcohol can affect which of the following: 1. Emotions 2. Physical functioning 3. Judgment 4. Perceptions 5. All of the above	Answer: 5	Double: Because alcohol contains calories, it can be a substitute for food in emergency situations. True or false?	Answer: False	Triple: Identify two differences between beer and hard liquor.	Possible answers: Different alcohol content, hard liquor identified by "proof"
Double: Alcohol is related to: 1. 80 percent of the traffic deaths in the U.S. 2. 50 percent of the traffic deaths in the U.S.	Answer: 2	Double: Alcohol: 1. Speeds up the body functions 2. Ultimately slows the body functions 3. Doesn't affect the body functions	Answer: 2		

ALCOHOL FACTS BASEBALL



Key Concept: Awareness of own personal family history of alcohol use.

SEARCHING FOR YOUR DRINKING OR NON-DRINKING ROOTS



This activity is designed to get students thinking about why they do or do not drink; why their parents may serve eggnog at Christmas; or why someone in their family drinks only beer or only scotch. Looking at the ethnic group that students come from assists them in discovering more about themselves, their families, and their attitudes toward alcohol use. The following are some ideas to throw out to the students to get them started.

1. Trace your roots. Make a chart or family tree which shows your mother's and father's sides of the family and list what ethnic groups your family is made up of. Ask your parents, grandparents, great-aunt Jane or other relatives to tell you about where your relatives came from.
2. Find out everything you can about how these ethnic groups, tribes, or families used alcohol. Was alcohol used for religious or other ceremonies? Was it used only on certain occasions? What kind of alcohol was used? How much? What happened to people who got drunk?
3. Pick out one of the groups and do some indepth investigating. Trace back through history and find out what drinking customs or laws were used by the group 50, 100 or even 500, or 1000 years ago. Was alcohol a part of that culture from its beginnings? Did other people introduce alcohol to your ancestors? Do some of the stories, legends, or writings of the group mention alcohol? List the evolution of drinking patterns and practices.
4. Look at your own decisions about drinking. Do they parallel your ancestors' use? How are they different? How is society different now?
5. Create a unique way to present your findings to a class, organization, or group of friends. What did your friends find out about their drinking histories? Were their drinking customs similar to or different from yours? Why?

Some sources of assistance in tracing your roots would be:

1. relatives or friends of the family;
2. state or local historical societies or libraries;

3. family records -- birth, baptism, death, naturalization papers, visas, drivers' licenses, bible inscriptions;
4. genealogy clubs or societies.

PUBLIC DOMAIN: U.S. Dept. of Health, Education, and Welfare,
Is Beer a Four Letter Word?, (Rockville, Maryland, 1981), pp. 7-8.

Key Concepts: Exploration of why people drink, and what other activities could be done to experience the same pleasures.

THE ENJOYMENT OF DRINKING

Most people who drink enjoy alcohol. Ask the students the following questions about why people like to drink:

1. What, exactly, do moderate drinkers find enjoyable about drinking?
2. Are there different reasons why people drink? Are the reasons teenagers drink different from the reasons adults drink? If so, what are the differences?
3. Are there other things besides drinking that people could do to experience the same pleasures?
4. How many drinks - or how much alcohol - must people consume to experience the pleasures of drinking? Do different pleasures that drinkers experience from alcohol require different amounts of alcohol? If so, why?
5. How should parents explain to their children why they drink?

Following the discussion, have the students check out some of the reasons people give for drinking by interviewing various individuals. Have the students ask the following questions:

1. As a moderate drinker, what do you find enjoyable and/or unenjoyable about drinking.
2. As a teenager, what do you find enjoyable and/or unenjoyable about drinking?
3. As an adult, what do you find enjoyable and/or unenjoyable about drinking?
4. What are some other activities you could be involved in to experience the same pleasures?

USED WITH PERMISSION: Modified from Finn, Peter, and others, Dial A-L-C-O-H-O-L and Jackson Junior High, (Abt. Associates, Inc., Cambridge, Mass., 1977), p. 13.

Key Concepts: Awareness of how society views drinking and how one could become involved in taking action for or against it.

LOCAL OPTION & PROHIBITION

The following activity will increase the students knowledge of who is involved in making decisions about drinking at the community level.

ACTIVITY:

1. Hold a discussion on how people could become involved in a local issue of banning all taverns in a community. Have students role play a town council meeting on banning bars and taverns in their community. Appoint one member of the group as chairperson for the meeting and assign six other members the following roles:
 - * A police officer who is upset by the serious drunk driving problem in the town.
 - * A bar owner who will go out of business if the sale of alcohol is banned.
 - * A middle-aged parent who doesn't want a teenage son or daughter to drink.
 - * An office worker who enjoys having a couple of beers with friends after work at the local bar.
 - * A taxpayer who is upset about the type of people who come from other towns to drink in the bars.
 - * A college student who would have to drive to the next town to do his or her drinking -- and then drive home.

USED WITH PERMISSION: Finn, Peter, and others, Dial A-L-C-O-H-O-L and Jackson Junior High, (Abt. Associates: Cambridge, Mass., 1977), p. 13.

Key Concept: Using the media to educate the public on facts about alcohol.

TUNING IN AND TURNING TO
YOUR LOCAL D.J.

"Wally Wax here all weekend long with your favorite platters, news, and weather. Current forecast calls for blue skies and lots of sun if it doesn't rain. In fact, there's a 50 percent probability of fair weather, a 50 percent probability of showers, and a 100 percent probability that you probably don't believe anything the weather report says. But enough of this idle chatter. I'm gonna play a moldie, oldie, goldie for you right now, vintage 1968, by the Bee Gees, called 'I Started a Joke'."



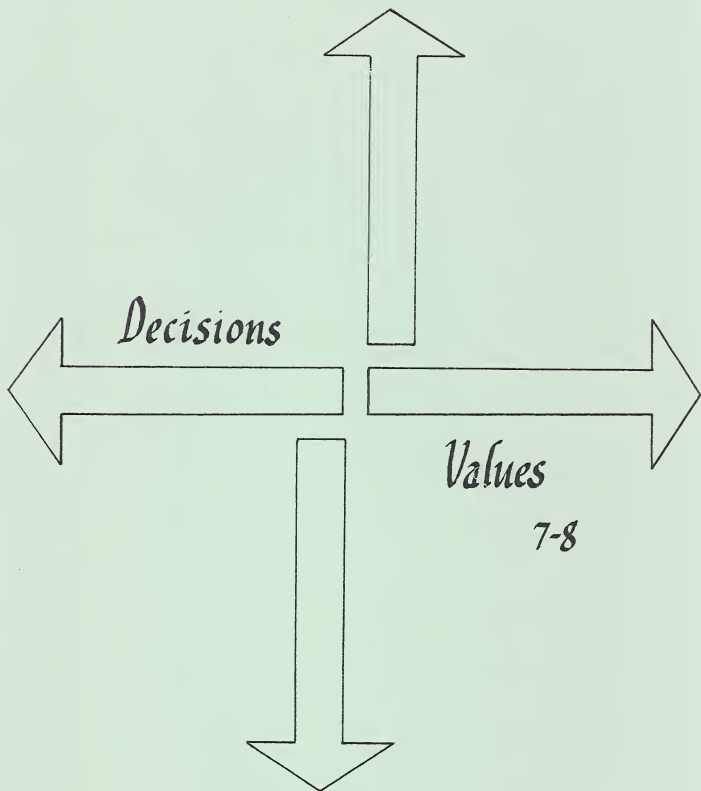
Wally Wax is a local radio disc jockey. He and other D.J.s around the country can be the key to getting drinking messages to teenagers--and that's no joke. It's no secret that young people listen to the radio. From morning to night, they listen to it in their rooms, at school, in their cars, while on dates, when buying clothes, at the beach.

Many D.J.s already use alcohol messages. Unfortunately, they are frequently negative messages. Getting drunk is made light of, and the listener who doesn't have a six-pack in the car begins to wonder if there is something wrong with him.

ACTIVITIES:

1. Give the students an assignment to listen to the radio and bring to class a list of messages they have gotten about alcohol from the radio.
2. Explain to the students what a Public Service Announcement (PSA) is. Have the students create their own Public Service Announcements which raise issues about alcohol abuse and encourage people to reexamine their drinking attitudes.
3. Have a group of the students contact the local radio stations about using some of the Public Service Announcements designed by the class.

PUBLIC DOMAIN: U.S. Dept. of Health, Education, and Welfare,
Is Beer a Four Letter Word?, (Rockville, Maryland, 1981), pp. 10-11.



DECISIONS AND VALUES

7-8

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of the decision-making process and how it applies to drinking.

THE DECISION-MAKING PROCESS

Many people tend to flow with the tide and never realize their responsibility in making decisions. The following activities will help students recognize their role in the decision-making process and help them become more responsible in this area.

ACTIVITIES:

1. Explain the process of making decisions. The four steps involved are as follows:
 - a. Defining the problem.
 - b. Looking at ways of resolving the problems.
 - c. Looking at the consequences of making choices.
 - d. Choosing from the alternatives.
2. Hold a discussion on what decisions need to be made concerning drinking alcoholic beverages. For example:
 - a. to drink or not to drink;
 - b. to go or not go to a kegger;
 - c. to take a six pack of beer to a friends house or not to; or
 - d. to ride or not ride with someone who has been drinking.

Hand out a copy of "It's Your Decision" to each student. This handout will help students put the decision-making process into action.

3. Discuss how your decisions about drinking will be influenced by your values about drinking. Hand out a copy of the "Personal Policy" worksheet to each student and have them write a statement on their beliefs about drinking.

USED WITH PERMISSION: "It's Your Decision" and "Personal Policy" taken directly from Smoking Deserves a Smart Answer: Adolescent Smoking Prevention Resource Guide, (American Lung Association: 1740 Broadway, New York, NY, 1983), Worksheet #6.

name _____

It's Your Decision

1. What is the decision I am trying to make?

2. What information about the decision will help me to decide?

3. What are my choices? What are the good and bad consequences of each choice?

CHOICE 1

Choice:	
Good Consequences	Bad Consequences

CHOICE 2

Choice:	
Good Consequences	Bad Consequences

4. How will the people and things important to me be affected by my decision?

Family: _____

Friends: _____

School: _____

Other: _____

5. Put a star by those items in #3 and #4 that are ***MOST IMPORTANT*** to YOU.

6. Now select the best decision for you: I have decided to _____

because _____

7. What might make it difficult for you to stick to your decision?

8. What might help you to stick to your decision?

Personal Policy

I, _____
have decided _____
because _____

Signed _____

My school policy is: _____

My family's policy is: _____

My community policy is: _____

Key Concept: Awareness of one's attitudes on drinking and what factors have influenced those attitudes.

ATTITUDES & ALCOHOL

Researchers have revealed low incidences of alcoholism and alcohol abuse among cultures who use alcohol as part of their daily lives. Following is a list of attitudes which have fostered responsible drinking within their cultures.

1. Children are exposed to alcohol early in life, within an established family or religious context. Whatever the beverage, it is served diluted and in small quantities, resulting in low blood-alcohol levels.
2. The beverages used are commonly those containing large amounts of non-alcoholic components (wines or beers), which help to retain low blood-alcohol levels.
3. The beverage is considered mainly as a food and is usually consumed with meals.
4. Parents present a constant example of moderate drinking.
5. No moral importance is attached to drinking. It is considered neither a virtue nor a sin.
6. Drinking is not viewed as proof of adulthood or virility.
7. Abstinence is socially acceptable. It is no more rude or ungracious to decline a drink than to decline a piece of cake.
8. Excessive drinking or intoxication is not socially acceptable and is not considered stylish, comic, or tolerable.
9. Alcohol is not a prime focus for any activity.
10. Finally, perhaps most importantly, there is wide and usually complete agreement among members of the group on the ground rules of drinking.

ACTIVITIES:

1. Give each student a copy of the list of attitudes which foster responsible drinking behavior. Have the students compare these attitudes to those attitudes which they are exposed to from:
a. parents b. peers c. others
2. Have each student write a statement of their own attitudes toward alcohol at this time. Have them reflect on how these attitudes have been influenced by parents, peers, and others.

USED WITH PERMISSION: List of attitudes taken directly from Engs, Ruth; "Responsibility and Alcohol", Health Education, Jan/Feb, 1981, Vol. 12, #1, p. 20.

Key Concept: Demonstration of the power of peer pressure.

THE LINE ACTIVITY

The following activity could be used as a lead-up for a discussion on student behaviors related to drugs and peer pressure.

ACTIVITY:

Ask one reasonably confident student to stand outside the door for a few minutes. Explain to the class that the purpose of this activity will be to try to convince the person outside of something that is not true. Draw two parallel lines on the chalk board, making sure that one is slightly--but noticeably--longer than the other. Designate seven or eight students to use whatever reasonable tactics they can think of to persuade the person outside that the lines are the same length. (Depending on your class, you might want to set some limits on "reasonable tactics"). Pick 3 or 4 members of the class to observe what happens when the person comes in and the persuading begins. Ask the person outside to come; explain that while he/she was out of the room the class began discussing the length of the two lines drawn on the board; ask the student to compare the lines in terms of length. As the student announces that one line is longer, let the persuaders begin. Allow the activity to last no longer than five minutes, taking care that the student who is the object of the pressure does not feel overly put-down or threatened by the pressure from his/her peers. Call the pressure off at an appropriate point; ask the observers to report on what they saw; allow the student being pressured to share his/her feelings about the pressure; let those who were doing the pressuring tell how they felt about their role.

Ask the class to think of ways in which this activity represents situations which go on at school. With the class, develop a definition of peer pressure and discuss how it can influence a person's decisions regarding such health issues as drugs, and peer pressure. Make a list of these ideas and post it in the classroom.

PUBLIC DOMAIN: National Institute on Drug Abuse, Saying No: Drug Abuse Prevention Ideas for the Classroom, (Superintendent of Documents, U.S. Government Printing Office: Washington D.C. 1980), p. 8.

Key Concept: Clarification of values towards alcohol use.

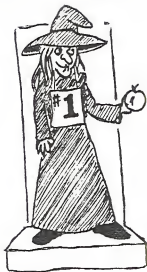
ALCOHOL ATTITUDES

The following activity will help students better understand their views about alcohol.

ACTIVITY:

1. Discuss how our feelings toward alcohol may vary according to how and when the alcohol is being used. Have each student complete the "Alcohol Attitude" worksheet and discuss.

PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades 7-12, (Helena, Mt., Junior High, 1979), p. 22.



ALCOHOL ATTITUDES



Directions:

Read the description of the fictitious people listed below and rank them on the basis of how strongly you feel about their negative characteristics. No. 1 would represent the character who you feel has the most negative (bad) characteristics, and No. 8 would have the least negative characteristics. For example, one might rank a person who deliberately gives a child an apple in which he has hidden razor blades as No. 1, and one who cheats on his diet by having a candy bar as No. 8.

INDIVIDUAL RANK

GROUP RESPONSE

_____ Friend	A person who buys beer in a grocery store to give to her friends who are under 21 years of age.	_____
_____ Counselor	A student who comes to a counselor in school to tell him/her of his involvement with alcohol and the counselor tells his parents.	_____
_____ Boozer	Person who comes to the school dance drunk.	_____
_____ Teacher	Teacher who believes very strongly that alcohol is bad and has told a few things to his/her students that weren't true just so they would be sure not to drink.	_____
_____ Father	Father who drinks a couple beers each evening to be sociable but yells when he hears his 15 year-old son has been drinking at a party.	_____
_____ Driver	A 22 year-old girl who has been drinking heavily at a party and decides to drive her friends home in her parents' car.	_____
_____ Police	Policeman who knows of a 9th grade drinking party but doesn't investigate because he says, "Kids will be kids".	_____
_____ Alcoholic	Man who argues with his wife and causes family problems because he can't hold a job.	_____

Key Concept: Clarification of values through role playing.

ROLE PLAYING

The following activity will help students clarify their values concerning alcohol use and will help improve their decision-making ability.

ACTIVITY:

1. Make copies of the worksheet "What Would You Do?" and distribute to each student in the class. Have the students write brief responses to one or more scenarios.
2. Have the students break into small groups and discuss:
 - a. what they could do, how and why,
 - b. what they would do, how and why.

Each group reports its conclusions to the class and responds to comments and questions from the class and teacher.

3. Have the students create their own scenarios and present to the class. Have the class respond with what they could and would do, how and why.

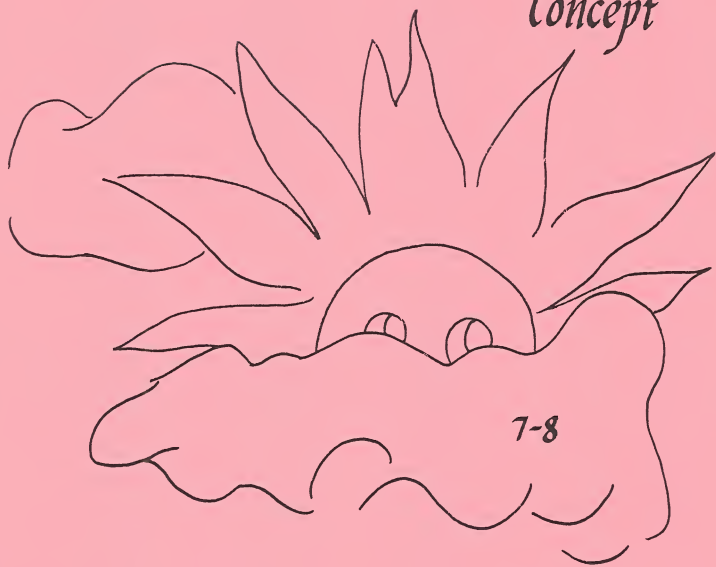
PUBLIC DOMAIN: Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades 7-12, (Helena, Mt., Junior High, 1979), pp. 16, 18.



WHAT WOULD YOU DO?

1. You are just finishing up hockey practice and your brother has come to pick you up. He hates this task and you know it, but the rink is several miles from home. A taxi would be expensive, and your father is working and your mother is taking care of your brothers and sisters. This time your brother is roaring drunk but insists he's able to drive okay. You have about 25 cents on you. Bus fare to your home is 40 cents. What could you do? What would you do? Why?
2. Jack noticed that Brenda, his date, was very loud at the party. She accepted another drink and was consuming it rapidly. "Hey, Brenda, lay off. You've had too much!" Jack said firmly as he tried to remove the glass from her hand. Brenda pushed back angrily. "Leggo". What could Jack have done? What would you have done? Why?
3. You babysat tonight with three children while their parents went to a party. You need every cent of the money for new school clothes, so you don't want to take a cab. The lady, who is your mother's best friend, offers to drive you home, but she is so drunk she had trouble getting in the house. What could you do? What would you do? Why?
4. Cindy is going to a party. Her parents ask her about her plans. Cindy wonders what to say. She knows they don't approve of liquor, yet the party is at Tom's and there is going to be beer for everyone. What could Cindy do? What would you do? Why?
5. A good friend has offered you a ride home from school today after track practice. You don't have any money with you and your parents will not be home until later. Your friend's mother comes roaring down the street in their green station wagon. Instead of stopping at the curb, she pulls right up on the sidewalk in front of the school. As soon as you get into the car you can smell liquor on her breath. You don't want to hurt your friend's feelings, and he isn't saying anything. You live four miles from school. What could you do? What would you do? Why?

*Self
Concept*



SELF-CONCEPT

7-8

A main reason for drinking is the feelings of well being one gets from alcohol. Development of a positive self-esteem without the use of alcohol is crucial in the prevention of alcohol abuse. The process of developing students' self-esteem include activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Enhancement of self-concepts.

MY COAT OF ARMS

ACTIVITY:

Encourage discussion on how symbols are used in corporation logos or on football helmets for communicating messages. During the Middle Ages some families created coats of arms to describe family achievements, vocations, and beliefs.

Provide copies of the worksheet entitled "My Coat of Arms". Write the following instructions on the chalkboard:

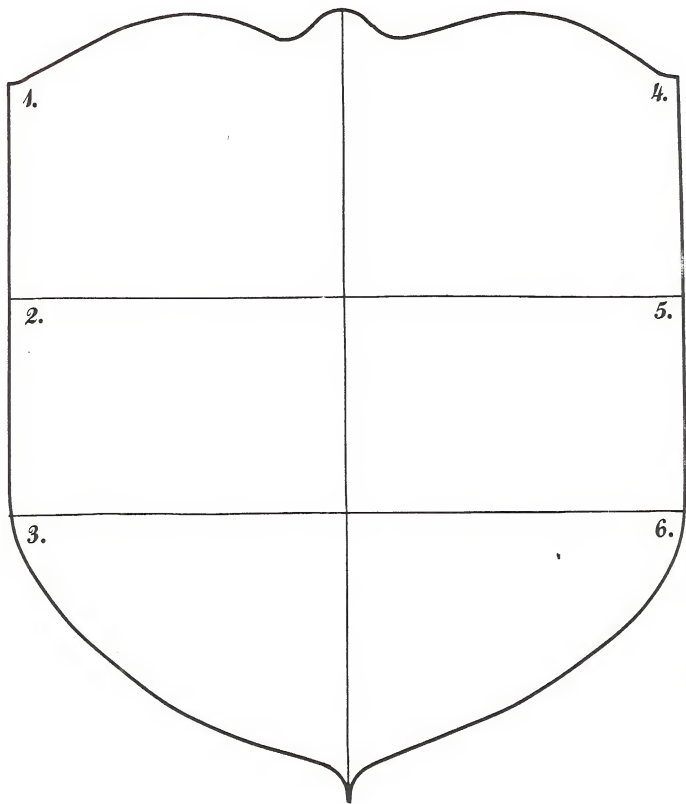
1. In space number 1, print your full name in a very special way.
2. In space number 2, express in a drawing something that would best describe you.
3. In space number 3, express in a drawing something that might describe what you will be doing fifteen years from now.
4. In space number 4, express in a drawing a very special wish or dream you have.
5. In space number 5, express in a drawing a special achievement you have achieved.
6. In space number 6, express in a drawing a special memory or event in your life.

Provide time for each student to describe his own coat of arms to the entire class. Display all coats of arms in the classroom.

USED WITH PERMISSION: Stanish, Bob, Connecting Rainbows, (Good Apple, Inc.: Carthage, IL., 1982), pp. 69-70.



MY COAT OF ARMS



Key Concept: Awareness of how a person's self-concept can be influenced by others.

LABELING GAME

Poor self-concept has been one reason why many young people often turn to drugs. The following activity is a way to help students become aware of their own interactions with others and how others are affected by them.

ACTIVITY:

Prepare positive and negative labels such as the following:

PRAISE ME	IGNORE ME
RESPECT ME	INTERRUPT ME
LIKE ME	CRITICIZE ME
LISTEN TO ME	DISAGREE WITH ME

Place one label on the forehead of each student. The wearer should not know what his/her label is.

Choose a current topic to stimulate discussion. Have the students respond to each other according to the label that is on their forehead.

After 10-15 minutes, hold a discussion on the reactions of the students to the game. Ask questions such as:

1. Could you guess what your label was?
2. How did you feel about the way people treated you?
3. How could this labeling activity apply to real life situations?

USED WITH PERMISSION: Toohey, Jack V., and Thomas L. Dezelsky, "A Values Clarification Project in Southern Mexico", Health Education, May/June, 1979, Vol. 10, #3, p. 21.

Key Concept: Enhancement of self-esteem.

MY GLURP

ACTIVITY:

Explain to the students that a "GLURP" is something that one prizes, enjoys and feels proud about. Each letter in "GLURP" stands for something about us.

G = something you are good at

L = something you like

U = something you do umpteen times without getting bored

R = something that releases your energy

P = something that you are proud of

An example of one person's GLURP is as follows:

"My GLURP is gathering seed pods, mushrooms, and unusual grasses and weeds which are preserved and pasted in strips of old barn siding. The strips make beautiful wall hangings. In fact, some of the wall hangings I give away. I feel proud when I see my work in someone's house."

Have the students write their own GLURP on the following worksheet. Later have the students share their GLURP'S with the rest of the class.

USED WITH PERMISSION: Stanish, Bob; Connecting Rainbows, (Good Apple Inc.: Carthage, IL., 1982), pp. 65-66.

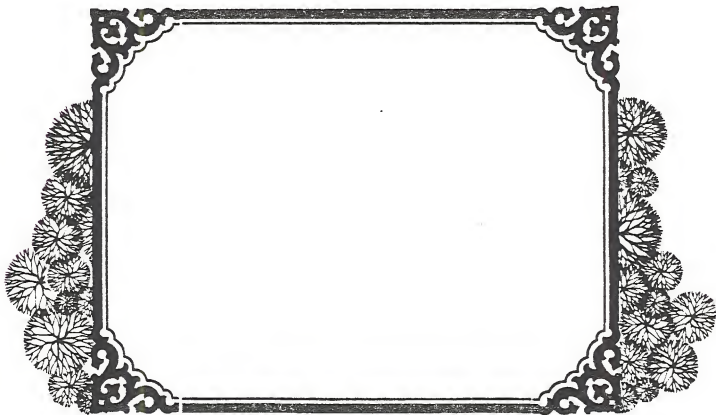
My GLURP



What's a GLURP? A **GLURP** is something you're good at; something you like; something you could do umpteen times without getting bored; something that releases your energy, and something you're proud of.

My GLURP is _____

Paste a class photo of you within the picture frame.
Finish the picture by drawing yourself doing your GLURP!



Alcohol Education

9-12



ALCOHOL EDUCATION

9-12

Most high school students have or will experiment with alcohol; hence the focus at this level should be in promoting "responsible" drinking behavior. Since high school is when most students will be getting their drivers license, education about drinking and driving is also of utmost importance. Following are suggested alcohol concepts to stress at the high school level.

1. Physical effects of alcohol use.
2. "Responsible" drinking.
3. Alcohol "tolerance" as a step towards alcoholism.
4. Drinking and driving.
5. Use of alcohol during pregnancy.

Key Concept: A needs assessment to determine what students do know and do not know about alcohol.

PRE/POST ALCOHOL KNOWLEDGE TEST

Hand out the following test as a pre-test to determine how much the students already know about alcohol. Following a unit on alcohol education, give the test as a post-test to determine if the alcohol education unit was effective.

ANSWERS TO THE TEST

- | | | |
|-----------|-----------|-----------|
| 1. True | 15. True | 29. False |
| 2. True | 16. True | 30. False |
| 3. False | 17. False | 31. False |
| 4. False | 18. False | 32. True |
| 5. True | 19. False | 33. True |
| 6. True | 20. True | 34. False |
| 7. False | 21. False | 35. True |
| 8. False | 22. True | 36. True |
| 9. False | 23. False | 37. False |
| 10. False | 24. True | 38. True |
| 11. False | 25. True | 39. True |
| 12. False | 26. True | 40. True |
| 13. True | 27. False | 41. True |
| 14. True | 28. True | |

USED WITH PERMISSION: Alcohol Knowledge Test was taken directly from Langone, John, Bombed, Buzzed, Smashed or Sober, (Little, Brown, and Co.: Boston, Mass., 1976), 3rd ed., pp. 6-8.

ALCOHOL KNOWLEDGE TEST

Answer true or false to the following questions concerning alcohol use and abuse.

- _____ 1. Alcohol is a food.
- _____ 2. Alcohol is a drug.
- _____ 3. Alcohol is a stimulant.
- _____ 4. A martini is stronger than a shot of whiskey.
- _____ 5. Liquor of 100 proof contains 50 percent alcohol.
- _____ 6. A four-ounce glass of wine, a twelve-ounce can of beer and an ounce of vodka contains about the same amount of alcohol.
- _____ 7. Drinking coffee is the best way to sober up.
- _____ 8. Intoxication and alcoholism are the same thing.
- _____ 9. Liquor in any quantity has a bad effect on the body .
- _____ 10. Everyone reacts the same way to the same amount of alcohol.
- _____ 11. Liquor will go to your head faster if you've eaten.
- _____ 12. There is one cause of alcoholism and that is alcohol.
- _____ 13. Alcohol contains calories.
- _____ 14. It is better to sip a drink slowly.
- _____ 15. Drinking alone is a danger signal.
- _____ 16. Liquor can kill because it is a poison.
- _____ 17. Most heavy drinkers are alcoholics.
- _____ 18. All alcoholics are heavy drinkers.
- _____ 19. Alcoholism can be cured.
- _____ 20. Alcohol can make you depressed.
- _____ 21. Liquor mixed with water will affect you faster than liquor drunk straight.
- _____ 22. It's best not to drive a car right after even one drink.

- _____ 23. Psychotherapy is the only way to treat someone with a drinking problem.
- _____ 24. There is one-half ounce of pure alcohol in a twelve-ounce can of beer.
- _____ 25. A person's emotional state can affect his or her reaction to alcohol.
- _____ 26. Alcoholism is an illness.
- _____ 27. Alcoholism is a crime.
- _____ 28. Heroin and alcohol can cause physical dependence.
- _____ 29. You have to drink at least a pint of liquor a day to become an alcoholic.
- _____ 30. Ski row produces the majority of alcoholics.
- _____ 31. You can get drunker by switching drinks.
- _____ 32. Most alcoholics are men.
- _____ 33. If a person sips a drink slowly over an hour he or she will probably not feel any effects.
- _____ 34. You can't become an alcoholic by drinking only wine.
- _____ 35. Beer and wine have a slower effect than liquor.
- _____ 36. Alcohol goes directly to the brain.
- _____ 37. You can sober up by dousing your head in cold water or taking a cold shower.
- _____ 38. Moderate drinkers seem to live longer than people who abstain.
- _____ 39. It is not yet known whether alcoholism can be inherited.
- _____ 40. Heavy drinkers know less about alcohol than do abstainers or light drinkers.
- _____ 41. Ethnic background, socioeconomic status, education, and occupation affect the way we drink.

Key Concept: Physical Effects of Alcohol Use.

ALCOHOL AND THE BODY

The following activity will help students better understand the effects of alcohol on the human body and why people may get slurred speech and walk funny after having had too much to drink.

ACTIVITIES:

1. Have all students read "How is Alcohol Absorbed Into The Body?" Discuss this with the class.
2. Explain to the students that the following information is about how alcohol affects the brain. Have the students read "How Does Alcohol Affect Body Functions?" After reading the article have students answer the following questions.
 - a. What are the three layers of the brain and what functions are associated with each of these areas?
 - b. Which part of the brain controls memory, reason, body movement, speech, and vision?
 - c. What part of the brain is affected first by alcohol?
 - d. At what blood alcohol content will one begin to notice slurring of speech.
 - e. At what blood alcohol content does it become hazardous to drive.
3. Test the students knowledge of the material presented with Worksheet 2E.

USED WITH PERMISSION: Ohio Dept. of Education, Alcohol and Other Drugs: A Curriculum Guide, (Division of School Finance, Drivers Education Section, Columbus, Ohio, 19), pp. 21-28, 47-48.

How Is Alcohol Absorbed into the Body?

Alcohol proceeds through the digestive system in a unique manner, differently from any other beverage, food, or drug. Alcohol is not digested; it is absorbed through the stomach and small intestines directly into the bloodstream. Once the alcohol enters the circulatory system, the heart's pumping action transports this drug along the bloodstream through the liver to the brain and other organs of the body.

As the circulating alcohol passes through the liver, the body rapidly eliminates about 10 percent of it through the kidneys, sweat glands, and lungs. Because alcohol evaporates in air that is breathed out of the lungs, it is possible to smell alcohol on the breath of someone who has been drinking. This indicates how quickly and in what an unaltered state alcohol enters the bloodstream.

The remaining 90 percent of the alcohol concentrated in the bloodstream is oxidized (mixed with oxygen and eliminated), mostly by the liver, at the rate of .015 percent an hour. When alcohol is consumed at a faster rate than the rate at which it is oxidized, the drug accumulates in the blood.

The percentage of alcohol in the bloodstream is measured in terms of the Blood Alcohol Concentration (BAC). BAC is expressed as the amount of alcohol in 100 cubic centimeters of blood. A typical drink (about one-half ounce of alcohol) will usually produce a BAC of .03 percent in a person weighing 110 to 140 pounds. Since .015 percent (or half the .03 percent BAC) is oxidized each hour, all the alcohol will be oxidized after two hours. So, after one typical drink, there is alcohol circulating in the blood for about two hours.

After consuming two drinks in a hour, the average person will have a BAC of .06 percent, which will require four hours to oxidize. After three drinks, the same person will have a BAC of .09 percent, which will require six hours to oxidize.

Because the increased concentration of alcohol in the bloodstream greatly affects a person's ability to function, a person with a BAC of .10 percent is legally defined as intoxicated.

How Does Alcohol Affect Body Functions?

While prolonged excessive use of alcohol can interfere with the functions of the digestive and circulatory systems, the most immediate and observable effects of alcohol in the bloodstream are caused by changes in the functions of the central nervous system, primarily the brain.

As alcohol is carried to the various organs of the body, it is absorbed into these organs in proportion to the amount of water each organ contains. Because of the high concentration of blood (and therefore water) in the brain, alcohol affects this organ first. To understand how alcohol affects the brain and produces certain behaviors, one must first be familiar with the structure and functions of the brain.

Structure and Functions of the Brain

The brain is organized into three hierarchical layers (see illustration 2A):

- (1) the central core
- (2) the limbic system
- (3) the cerebrum.

Blood travels through the central core and limbic system to the highest, most complex brain center: the cerebrum. The effects of alcohol are first felt in this area.

The Cerebrum

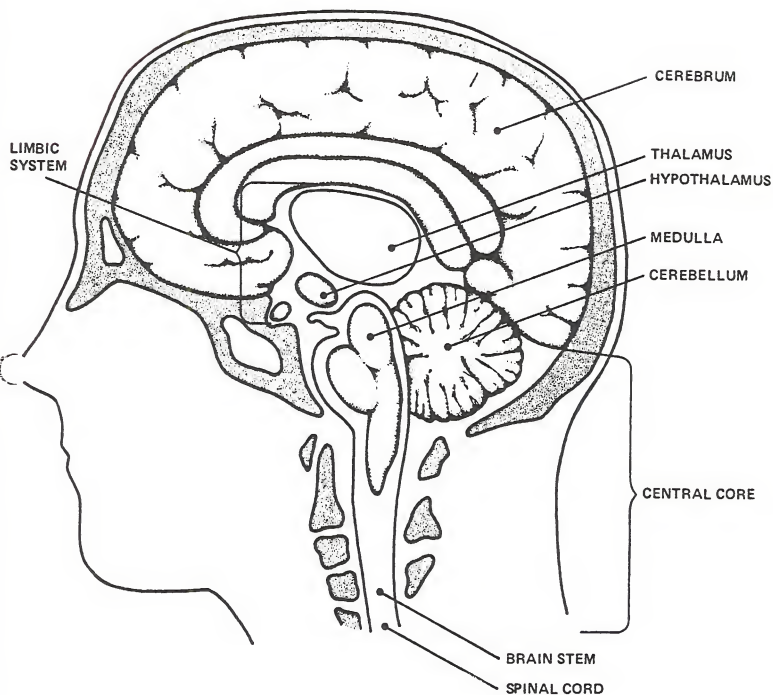
The cerebrum, the largest part of the brain, is covered by a layer of gray matter called the cerebral cortex. It is in the cerebral cortex that complex mental activities take place.

In analyzing the cerebral cortex, researchers have found that different brain functions and activities seem to be localized in our different areas called lobes. The lobes are:

- (1) frontal lobe
- (2) parietal lobe
- (3) temporal lobe
- (4) occipital lobe

As illustrated in illustration 2B, each of these lobes is in one of the two cerebral hemispheres (the right and the left) in the cerebrum. The parietal and frontal lobes are separated by the lateral fissure.

2A. STRUCTURE OF THE BRAIN



The brain function areas in the cerebral cortex include the following:

Area	Location	Function
Association	Frontal lobe, temporal lobe	Controls thought processes such as learning, memory, reason, and judgment.
Motor	Frontal lobe along central fissure	Controls body movement; affects trunk, arms, lips, and face.
Sensory	Parietal lobe, directly across from motor area	Controls sensory awareness: feelings of touch—heat, cold, and pain.
Language	Frontal lobe, just above lateral fissure	Controls speech. Usually the speech function is located in the left hemisphere of the cerebrum.
Auditory	Temporal lobe, just below lateral fissure	Controls hearing.
Visual	Occipital lobe	Controls vision.

The Limbic System

When additional alcohol is consumed, thereby increasing the BAC, the alcohol affects the next layer of the brain, the limbic system, located below the cerebrum. The functions regulated in the limbic system include:

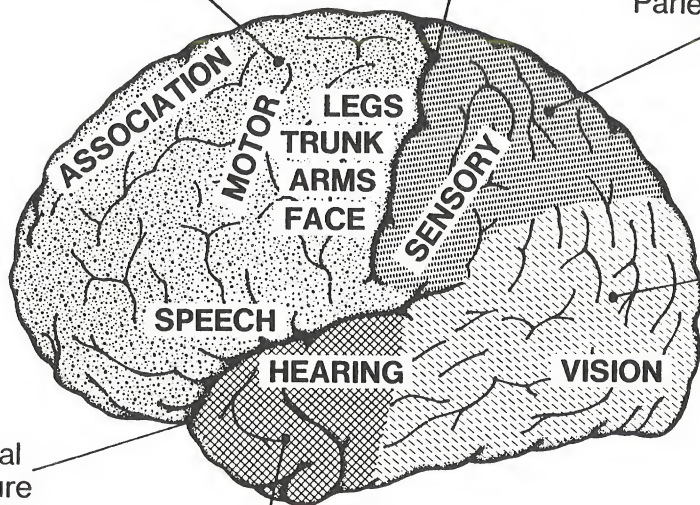
- (1) programming of certain sequential activities
- (2) control of emotions
- (3) respiration
- (4) heart rate.

2B

Central Fissure

Frontal Lobe

Parietal Lobe



Occipital Lobe

Lateral Fissure

Temporal Lobe

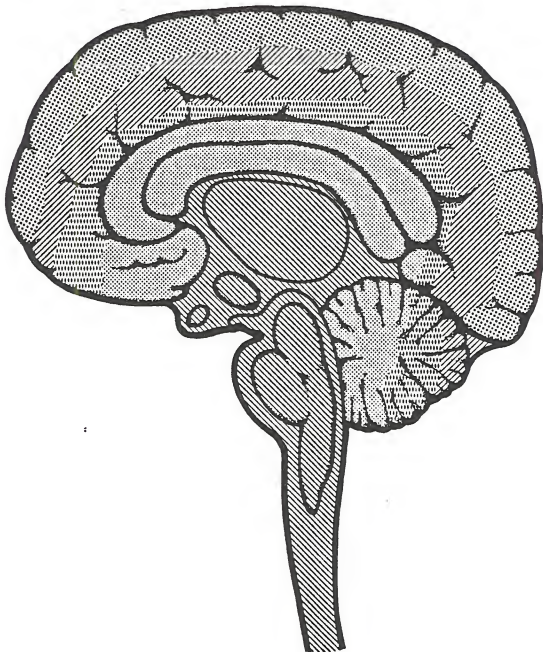
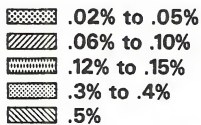
The Central Core

As the concentration of alcohol in the bloodstream increases, the alcohol affects the central core of the brain which consists of several different structures with various functions:

Hypothalamus	Controls different types of motivation involving eating, drinking, and sleeping. The hypothalamus also controls feelings of pleasure, pain, rage, and other emotions. Maintains body temperature.
Thalamus	Functions as a relay station between the lower parts of the central nervous system and the higher centers of the brain. To some extent, the thalamus controls sleeping and waking.
Cerebellum	Controls motor coordination and balance.
Medulla	Controls such vital body functions as automatic reflexes of breathing and coughing.
Brain stem	Contains the nerve fibers that run between the spinal cord and the brain. The brain stem controls vital body functions of breathing, maintenance of body temperature, and heart rate.

As alcohol accumulates in the bloodstream, it has a progressively depressing effect on the parts of the brain just described and on their functions. Illustration 2C and the accompanying chart show the brain functions affected at various levels of Blood Alcohol Concentration and describe some of the behaviors exhibited by drinkers at each of the levels.

2C



EFFECTS OF ALCOHOL ON THE BRAIN

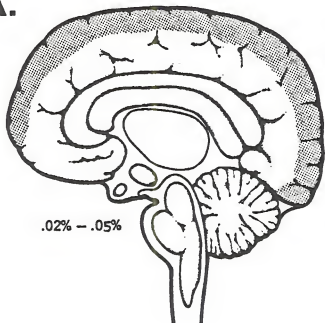
Amount of alcohol	BAC	Areas of brain progressively affected	Functions affected	Effects or symptoms
2 drinks in one hour	.02% to .06%	association area of cerebrum	reason, judgment	dizziness, less inhibited behavior, over-estimation of skills, less sound judgment, slower reaction time
2 to 3 drinks in one hour	.06% to .10%	most of cerebrum	judgment, reason, senses, motor coordination, vision, speech	slurring of speech, blurring of vision, loss of coordination (including those skills needed for driving)
4 to 5 drinks in one hour	.12% to .15%	entire cerebrum	judgment, reason, motor coordination, vision, speech, hearing	double vision, drowsiness, loss of balance, clumsiness
10 to 12 drinks in one hour	.3% to .4%	limbic system	all above functions plus: respiration, heart rate	deep sleep, coma
more than 12 drinks in one hour	.5%	central core	all above functions plus: respiration, heart rate, body temperature	deep coma, death

WORKSHEET 2E

BRAIN SHADING = ESTIMATED BRAIN INVOLVEMENT
AT VARIOUS BLOOD ALCOHOL LEVELS

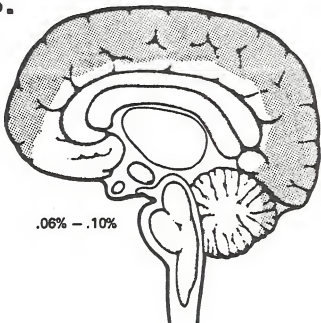
List the brain functions affected at the BAC levels shown in A, B, C, D, and E.

A.

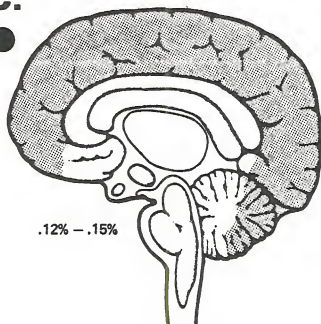


.02% - .05%

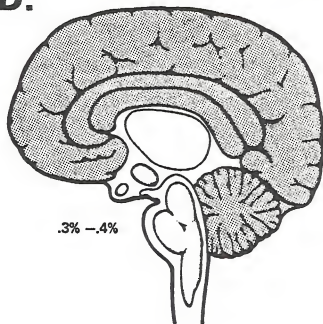
B.



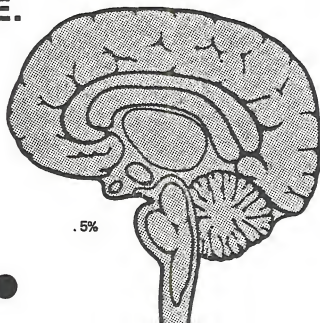
.06% - .10%

C.

.12% - .15%

D.

.3% - .4%

E.

.5%

Key Concept: Raise awareness of anticipated and unanticipated consequences of drinking.

ANTICIPATED/UNANTICIPATED CONSEQUENCES OF DRINKING

Although it may seem self-evident, it is important to emphasize that drinking alcohol produces different consequences than drinking milk, coffee, tea, cola, or other nonalcoholic beverages. Drinking alcohol produces intoxication: a unique biological and behavioral event that has the potential to influence and become part of other biological and behavioral events, especially when intoxication is repeated.

The most immediate and anticipated consequences of drinking alcohol are biological. Some biologically anticipated and unanticipated consequences are as follows:

Anticipated Biological Consequences

Intoxication
Euphoria
Pleasant Taste
Calories

Unanticipated Biological Consequences

Nausea
Vomiting
Hangover
Injuries

Along with biological consequences comes behavioral consequences. Following are some examples of anticipated and unanticipated behavioral consequences.

Anticipated Behavioral Consequences

Stress relief
Forget worries
Feel better about self

Unanticipated Behavioral Consequences

Must have alcohol to relax
Irritability next morning
Sleep loss

It is important to note that unanticipated consequences of alcohol use are less likely to occur than anticipated consequences, and they are more likely to be negative than positive. Anticipated consequences tend to be immediate, whereas unanticipated consequences are more likely to be delayed. For example, a hangover is less likely to occur than intoxication; is more negative than intoxication; and comes the day after drinking (whereas intoxication is immediate). In alcohol education, it could be stressed that the consequences of moderate drinking are likely to be immediate and positive, whereas the consequences of over-consumption are delayed and negative.

ACTIVITIES:

1. Have students brainstorm what are some anticipated and unanticipated consequences of drinking. List on the blackboard.
2. Have students think of a time when they have drunk alcoholic beverages. Have them fill out a sheet listing the consequences of their drinking. If a student has never drunk, have him/her list the consequences of someone else's drinking behavior.

USED WITH PERMISSION: Mills, Kenneth C. and others, Handbook for Alcohol Education: The Community Approach, (Ballinger Publishing Co.: Cambridge, Mass., 1983), pp. 205-207.

Key Concepts: Factors which constitute the amount a person can drink before becoming intoxicated.
Discussion on "Responsible Drinking".

BEING INTOXICATED - BEING RESPONSIBLE

The amount a person can drink before becoming intoxicated is determined by the following:

1. weight of the person
2. number of drinks
3. rate of consumption (slower drinking means slower absorption)
4. presence of food in stomach (slows absorption)
5. low body temperature (delays emptying)

In most states .10 is considered to be the accepted blood alcohol content to be classified as intoxicated. Hand out the following chart to all students. Have the students determine how much they could drink in one hour before becoming intoxicated.

Table 15-2. Approximate Blood Alcohol Level in Grams Per 100 ML After One Hour of Drinking.

NUMBER OF DRINKS

(12 oz. beer, 4 oz. wine or 1 oz. 85 proof liquor)	BODYWEIGHT IN POUNDS					
	100	120	140	160	180	200
1	0.04	0.04	0.03	0.03	0.02	0.02
2	0.09	0.07	0.06	0.05	0.05	0.04
3	0.13	0.11	0.09	0.08	0.07	0.06
4	0.16	0.14	0.12	0.11	0.10	0.09
5	0.22	0.18	0.16	0.14	0.12	0.11
6	0.26	0.22	0.19	0.16	0.14	0.13
7	0.30	0.25	0.22	0.19	0.17	0.15
8	0.35	0.29	0.25	0.22	0.20	0.17
9	0.39	0.33	0.28	0.25	0.22	0.19

Note: subtract .01 grams/100 ml for each forty minutes of drinking.

Source: The Center for Alcohol Studies
School of Medicine
University of North Carolina
Chapel Hill, North Carolina.

ACTIVITIES:

1. Use the previous chart to determine the following blood alcohol concentration (BAC).

a. 2 drinks/140 lbs/2 hrs	BAC = _____g/100ml
b. 4 drinks/120 lbs/3 hrs	BAC = _____g/100ml
c. 2 drinks/120 lbs/1 hr	BAC = _____g/100ml
d. 5 drinks/120 lbs/2 hrs	BAC = _____g/100ml
e. 8 drinks/180 lbs/3 hrs	BAC = _____g/100ml

ANSWERS: a. .03; b. .19; c. .05; d. .15; e. .15

2. Have the students reflect on a day when they have drunk one or more alcoholic beverages. Have them list the type of drink, the number of drinks, how long it took them to drink it, their weight, and whether they had eaten any food previous to drinking. According to the information listed, have the students estimate where they would be placed on the following continuum.

CONTINUUM

PREDICTABLE ALCOHOL EFFECTS FROM THE AMOUNT IN THE BLOODSTREAM

- ____ .02 Light and moderate drinkers begin to feel some effects. Reached usually after one drink.
- ____ .04 Most people begin to feel relaxed.
- ____ .06 Judgment is somewhat impaired, people are less able to make rational decisions about their capabilities, and inhibitions are lowered.
- ____ .08 Definite impairment of muscle coordination and driving skills, responses to stimuli are slowing, judgment impaired, inhibitions continue to be lowered, and legally drunk in some states.
- ____ .10 Clear deterioration of reaction time and control, legally drunk in most states.
- ____ .12 Vomiting, unless level is reached slowly.
- ____ .15 Balance and movement are impaired. About 1/2 pint of whiskey circulating in blood.
- ____ .20 Decreased pain and sensation, marked decrease in response to stimuli.
- ____ .30 Many lose consciousness.
- ____ .40 Most lose consciousness, depressed reflexes, anesthesia.
- ____ .45 Subnormal temperature, impaired circulation and respiration.
- ____ .50 Death

-
- 3. Discuss the concept of "Responsible Drinking".
 - 4. Have the students write a statement on where they feel people could be on the previous continuum and still be called a "Responsible Drinker".

USED WITH PERMISSION: Mills, Kenneth C., and others, Handbook for Alcohol Education: The Community Approach, (Ballinger Publishing Co., Mass., 1983), pp. 216-219.

Key Concept: Awareness of "Blood Alcohol Content" based on time, weight, and number of drinks.

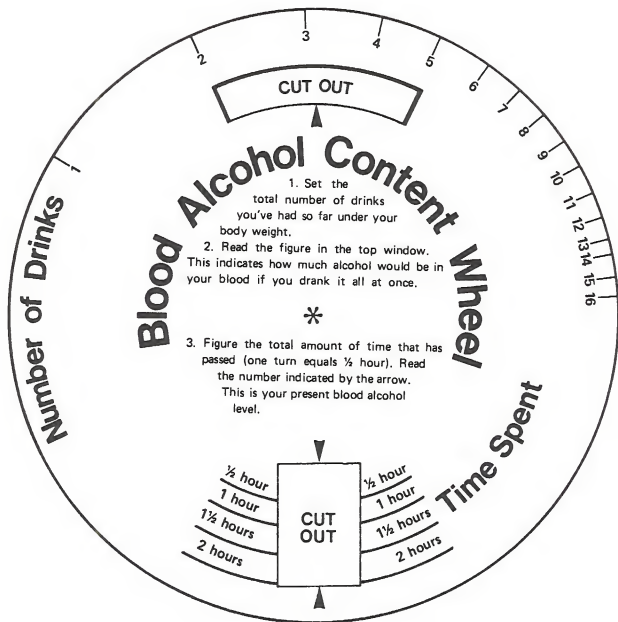
BLOOD ALCOHOL CONTENT

The following activity is a fast, easy way for students to determine what their blood alcohol content would be based on time, weight, and number of drinks.

ACTIVITIES:

1. Have each student put together a "Blood Alcohol Content" Wheel.
2. Using the wheel, have the students determine what their blood alcohol content would be if they each consumed the following number of drinks in the given amount of time.
 - a. 2 drinks in 1/2 hour
 - b. 4 drinks in 2 hours
 - c. 3 drinks in 2 hours
 - d. 1 drink in 1 1/2 hours

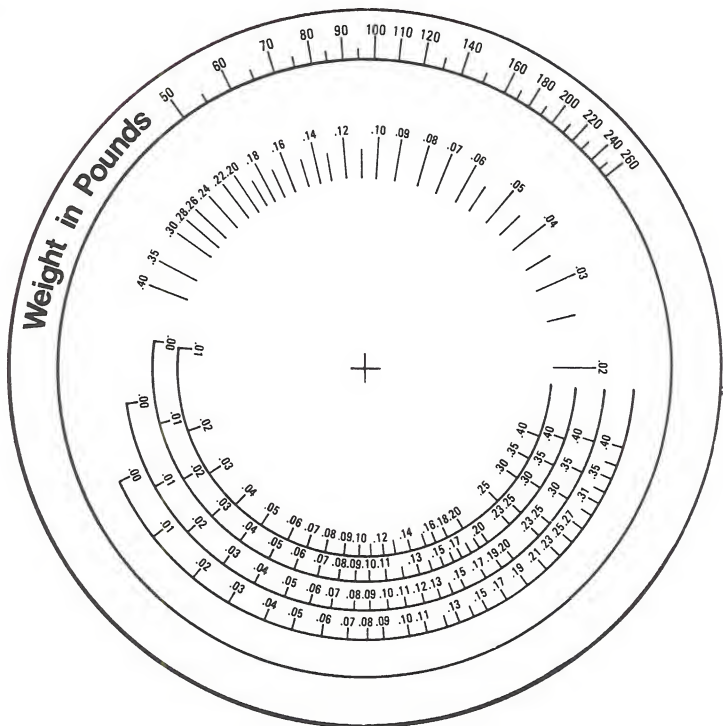
USED WITH PERMISSION: Ohio Dept. of Education, Alcohol And Other Drugs: A Curriculum Guide, (Division of School Finance, Drivers Education Section, Columbus, Ohio, n.d.), pp. 43-44.



1. Cut out circles on the two pages.
2. Paste each circle on cardboard and then cut out.
3. Cut out the two sections indicated on the smaller circle (razor may be easier than scissors).
4. Put smaller circle on top of larger one, fasten together through center with paper fastener being as accurate as possible.

WORKSHEET 2C

(page 2 of 3)



Key Concept: Tolerance to alcohol is a step towards alcoholism.

TOLERANCE

Tolerance means that a drinker will need greater doses of alcohol over time to become intoxicated.

There will be:

1. an adaptation to the amount of alcohol consumed;
 2. an adaptation in beliefs about the consequences of use;
 3. greater number of beliefs in what he/she expects from alcohol.
- Before tolerance is developed, a high dose of alcohol would have resulted in unconsciousness or death.
 - Repeated exposure = less effect of the drug = more of the drug is needed to get the desired effect.
 - A person who has developed a tolerance to alcohol may not appear intoxicated after large quantities of alcohol because he/she has learned to overcome the unpleasant effects (slurred speech, loss of balance) and can compensate for it.

ACTIVITY:

1. Hold a discussion on the following comment, "What a Man! Still on his feet after a whole fifth."

SOURCE: Mills, Kenneth C., and others, Handbook for Alcohol Education: The Community Approach, (Ballinger Publishing Co.: Cambridge, Mass., 1983), pp. 220-222.

Key Concept: Awareness of the disease concept of alcoholism.

ALCOHOLISM

It is not uncommon for teenagers to become alcoholics. The following activities will encourage students to evaluate their own drinking behavior.

ACTIVITIES:

1. Have each student complete "Alcohol Use-Self-Assessment Quiz". After taking the quiz discuss the concept of alcoholism as a disease. Point out that most alcoholics do not live on skid row but are everyday citizens in all walks of life.
2. Have the students research the topic of "treatment centers". Who are they for? Where can people go to get help with an alcohol problem in Gallatin County?
3. Take the students on a tour of various locations within Gallatin County that deal with alcoholism. For example:
 - a. Alcohol Counseling & Education Center
801-H Medical Arts Center
300 N. Willson
Bozeman, MT
 - b. Gallatin Council on Health & Drugs
15 S. Tracy
Bozeman, MT

PUBLIC DOMAIN: "Alcohol Use - Self-assessment Quiz", Montana Alcohol & Drug Division, State of Montana Teacher's Guide for Alcohol Education: Grades 7-12, (Helena, MT., High School, 1979), p. 18.



ALCOHOL USE - SELF-ASSESSMENT QUIZ

- | | True | False |
|--|------|-------|
| 1. I can drink more than most of my friends. | | |
| 2. I have been "drunk" at least once a month in the past year. | T | F |
| 3. I can drink 4 or 5 drinks without really feeling it. | T | F |
| 4. I have blackouts (loss of memory about drinking experiences.) | T | F |
| 5. I often drink to forget my problems, | T | F |
| 6. When I get drunk I tend to become a "different person". | T | F |
| 7. I have been arrested for an alcohol-related charge. | T | F |
| 8. I often drink alone. | T | F |
| 9. I have missed some work because of my drinking. | T | F |
| 10. I don't like this quiz because it hits too close to home. | T | F |

NOTE:

There are no right or wrong answers to these questions. However, if you have circled as true (T) any of the ten items, stop for a moment and honestly ask yourself whether or not you might have a problem with alcohol! If so, ask for help - it is available.

Key Concept: Assessment of student knowledge of alcohol and traffic safety.

ALCOHOL AND TRAFFIC SAFETY

The following "Alcohol and Traffic Safety Quiz" can be used as a pre or post test to determine the students knowledge of drinking and driving.

PUBLIC DOMAIN: Montana Alcohol and Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education - Grades 7-12, (Helena, Mt., 1979), pp. 10-11, 13.



ALCOHOL AND TRAFFIC SAFETY QUIZ

1. In the state of Montana the blood alcohol level at which a driver is considered under the influence is: (a) 0.05 per cent (b) 0.08 per cent (c) 0.10 per cent (d) 0.15 per cent
2. Blood alcohol level can be determined by analyzing the (a) blood (b) saliva (c) breath (d) urine (e) blood pressure
3. In the state of Montana the chemical test for blood alcohol most frequently used is: (a) blood (b) saliva (c) breath (d) urine (e) blood pressure
4. Which of the following least affects blood alcohol level: (a) stomach content (b) weight (c) drinking experience (d) time elapsed
5. Studies suggest that driving performance may be impaired when blood alcohol concentrations are as low as: (a) 0.02 per cent (b) 0.04 per cent (c) 0.07 per cent (d) 0.10 per cent
6. Which of the following statements best describes an effect of alcohol on driver performance: (a) blurred vision (b) reduced hearing ability (c) increased attention span (d) reduced ability to react quickly
7. Approximately what percentage of fatal traffic accidents involve the use of alcohol: (a) 10 per cent (b) 25 per cent (c) 50 per cent (d) 75 per cent
8. Every day in the United States approximately how many people are killed in car accidents where alcohol was involved: (a) 25 (b) 50 (c) 75 (d) 200 (e) 250
9. The drinking driver may show which of the following: (a) over-confidence (b) risk taking desires (c) decreased judgment (d) slower reaction time (e) all of the above

10. When a non-drinking driver is compared with a drinking driver who has a .15 per cent blood alcohol level, how much more likely is it that the drinking driver will become involved in a traffic accident: (a) no difference (b) 10 times greater (c) 25 times greater (d) no one knows
11. On the basis of present-day knowledge, the greatest single driver-related cause of fatal highway collision is: (a) emotional upsets (b) inattention (c) fatigue (d) alcohol
12. Of all alcohol-related fatal car accidents: (a) 2/3 involve problem drinkers (b) most involve social drinkers who had one too many (c) 1/3 involve people who had only a little to drink (d) no one knows what kind of drinkers are involved
13. Which of the following is most affected by heavy drinking: (a) brake reaction time (b) color perception (c) the reasoning process (d) distance judgment
14. If a driver in the state of Montana is arrested and refuses to take a chemical test, this refusal will result in: (a) fine of \$500 (b) courtroom trial (c) immediate suspension of one's driver's license (d) all of the above
15. The majority of the general public's response to current anti-drinking/driving efforts is: (a) they demand an effective program (b) they exhibit an attitude of tolerance toward drinking drivers (c) they want harsh penalties for guilty offenders (d) all of the above
16. Teenagers are more likely to have difficulty driving safely after drinking because of all the following except: (a) driving is a new and complicated skill for them (b) they have had less experience with alcohol's effects (c) they often weigh less than adults (d) they spend more time driving than adults do
17. Alcohol use is associated with a significant number of which of the following: (a) pedestrian accidents (b) private airplane accidents (c) household accidents (d) all of the above

TRUE-FALSE QUESTIONS

TRUE FALSE

- | | | |
|--|-------|-------|
| 18. The action of alcohol on the nervous system resembles that of ether or other anesthetics. | _____ | _____ |
| 19. By eating some solid food along with your drinking you will not become an intoxicated driver. | _____ | _____ |
| 20. Judgment, vision, and reaction time in driver performance are impaired by even small amounts of alcohol. | _____ | _____ |

(continued)

	<u>TRUE</u>	<u>FALSE</u>
21. Alcohol affects the latest learned and the most complicated skills first.	_____	_____
22. Alcohol is a stimulant.	_____	_____
23. Being convicted of DWI will cause an increase in your car insurance rates.	_____	_____

ALCOHOL AND TRAFFIC SAFETY QUIZ

ANSWER KEY

1. (c) .10
2. (c) all of the above
3. (c) breath
4. (c) drinking experience
5. (a) .02 percent
6. (d) reduced ability to react quickly
7. (c) 50 per cent
8. (c) 75
9. (e) all of the above
10. (c) 25 times greater
11. (d) alcohol
12. (a) 2/3 involve problem drinkers
13. (c) the reasoning process
14. (c) immediate suspension of one's driver's license
15. (b) they exhibit an attitude of tolerance toward drinking drivers
16. (d) they spend more time driving than adults do
17. (d) all of the above
18. True
19. False
20. True
21. True
22. False
23. True

Key Concept: Problems in identifying whether someone is too drunk to drive.

ASSESSING DRIVING IMPAIRMENT

Have the students discuss whether and how they can tell if someone has drunk too much alcohol to drive safely by writing the end to the following story.

The party had been going for over four hours. Everyone had been talking, joking, and enjoying themselves. A lot of people had been drinking the rum punch, but there was also beer and hard liquor. Richard and his wife, Susan, and Darrel and his wife, Paula, had come together to the party in Richard's car and spent much of the evening talking with each other.

Richard was having an especially good time. He was drinking beer all night, almost one right after the other. In fact, Susan was getting a little nervous because after the last party they went to, Richard had had a little too much to drink. When he drove home, he wandered over the center line, went through a red light, and kept jamming on his brakes very suddenly. So Susan had decided to check on Richard during this party to see if he was in condition to drive. But it's difficult at a party to have a good time and also keep track of how much your husband has been drinking and if he has drunk too much to drive safely. Yet Susan had spotted several clear signs that Richard was not sober enough to drive, and she had talked to Paula in the ladies' room about Richard. Paula agreed to stick up for her if she needed help persuading Richard not to drive because Paula, too, had noticed some signs that Richard shouldn't be driving.

About an hour later, Darrell suggested they all go home. But as Richard pulled out the keys to his car . . .

After the students have written their story endings, divide the group into small groups. Instruct each small group to read its members' story completions and then agree on ways people can tell if someone has had too much to drink to drive safely.

When the groups have completed their work, have a reporter from each group explain its conclusions to the other students and list its signs of impairment on a blackboard - for example:

- sleepiness (yawning, drooping eyelids)
- slurred speech
- unstable walk
- unusual clumsiness
- excessive talking or silence
- silly behavior
- unusual energy
- more sexual aggressiveness
- boasting
- lack of concentration on the topic of conversation
- violence, more aggressiveness than normal
- any behavior a person does not usually engage in
- has been observed drinking the equivalent of two or more ounces of alcohol (not drinks) within a period of an hour

Conclude the activity by pointing out three major problems involved in identifying people who are too impaired to drive:

- * Many drinkers who are impaired seem relatively sober to others in terms of how they talk, walk, and even drive.
- * The more alcohol people drink, the less capable they are of judging whether they themselves are too drunk to drive.
- * A driver's underlying (and often hidden) attitudes toward driving can become unexpectedly more pronounced after drinking too much. Some drivers become more reckless, others more cautious.

USED WITH PERMISSION: Finn, Peter, and others, Dial A-L-C-O-H-O-L and Jackson Junior High, (Abt. Associates Inc.: Cambridge, Mass., 1977), pp. 19-20.

Key Concepts: Discrimination between facts and fallacies about alcohol.

FACTS AND FALLACIES

Give each student a copy of the "Facts and Fallacies" story. Within the story are misconceptions and/or false statements. Each sentence begins with a number. Have the students circle the statements which are not true. Discuss why the statements are false.

OPTION: Give this as a pre-test prior to discussion or an evaluation test following discussion on myths about alcohol.

USED WITH PERMISSION: Engs, Ruth C. & others, "Teaching Strategies", Health Education, Nov/Dec 1975, Vol. 6, #6, p. 33.

"FACTS AND FALLACIES" Story

¹Woody, age 20, resides with his parents in Mt. Pleasant where he is a sophomore at the university. ²The females on campus find him very attractive; 6 feet tall, 175 pounds, blond curly hair, and bright blue eyes.

³Final exam week has brought about the unusual stress and anxiety many college students experience. ⁴In an effort to alleviate the stress, Woody attended a weekend party. ⁵It was the usual kind of party he attended with a lot of women, booze, and loud music. ⁶Many of the females at the party were in constant pursuit of him because his ability to drink more than anyone else was viewed as a sign of virility. ⁷This is partly due to the fact that the alcohol he consumed affected his muscles first. ⁸In Woody's case, the alcohol also acted as an aphrodisiac, as alcohol consumption usually does. ⁹With these two factors contributing to his virility, one can plainly see why he was pursued.

¹⁰Woody is a fairly bright guy and has established guidelines for his drinking behavior. ¹¹First, he always drinks vodka to prevent rapid absorption. ¹²Second, he seldom eats any food before he drinks because it fills his stomach and he cannot hold as many drinks. ¹³After all, if it's free booze he wants to get all he can. ¹⁴Third, he drinks slowly instead of gulping his drinks to prevent getting intoxicated.

¹⁵Since he is physically a big guy, he really can drink as much as he wants because he has more body tissue and fluids to dilute the alcohol.

¹⁶As the evening progressed (3 hours), Woody consumed six mixed drinks (1 1/2 oz. alcohol per drink) and the only observable sign he showed was a slight intensification of his talkative personality.

¹⁷As the party continued, he talked with friends, danced and asked Joey, an attractive girl clad in jeans, if he could drive her home. ¹⁸Of course, Joey said yes, and they left the party.

¹⁹Should Joey have more carefully considered the possible consequences of leaving with Woody? ²⁰After all, he was only drinking moderately and there are no risks if he drinks moderately. ²¹He wasn't acting "funny"; the alcohol he drank stimulated him -- that's the primary effect it has on a person. ²²And because both his parents are alcoholics he probably has inherited alcoholism from them. ²³Oh well, why should she worry? ²⁴The simple truth of this story is that Joey is the alcoholic and not Woody. ²⁵Everyone knows that there are more women alcoholics than men.

QUESTION: Which statements are false?

ANSWER: (6, 7, 8, 11, 12, 15, 16, 20, 21, 22, 25)

Key Concept: Awareness of the dangerous effects of alcohol on the fetus of a pregnant woman.

ALCOHOL AND PREGNANCY

Not enough people are aware of the dangerous effects of alcohol on the fetus of a pregnant woman; hence, many babies are still born with "fetal alcohol syndrome". It is essential that both guys and girls become aware of this danger.

ACTIVITIES:

1. Have each student read the articles call "Fetal Alcohol Syndrome", and "How Alcohol Affects the Developing Fetus". Answer the following questions:
 - a. What are some serious physical problems of babies who are born with "fetal alcohol syndrome?"
 - b. What are some signs of alcohol withdrawal of babies who are born with "fetal alcohol syndrome?"
 - c. What are some long term effects of "fetal alcohol syndrome?"
2. Show the film Born Drunk which is available from the Dept. of Health & Environmental Sciences in Helena. Hold a classroom discussion on the topic of "fetal alcohol syndrome" after reading the article and seeing the film.

USED WITH PERMISSION: Enloe, Cortez, F., "How Alcohol Affects the Developing Fetus", and Iber, Frank, L., "Fetal Alcohol Syndrome", Nutrition Today, Sept/Oct., 1980, pp. 4-15.

Drugs

Would you offer a newborn baby a drink of alcohol? Of course not! But thousands of mothers are doing just that, even before their babies are born. The result is devastating, and it is called *fetal alcohol syndrome* (FAS). Babies who have the syndrome are born with serious problems, including mental retardation, small heads, and narrow eyes. Many have joint deformities and heart problems as well. Dr. David Smith of the University of Washington states that one in every 350-500 infants is born with some type of defect caused by the mother's drinking during pregnancy. As a result, the U.S. government is now considering requiring alcohol manufacturers to include a warning to pregnant women on the label.

Perhaps you, like many others, are assuming that these tragic births only happen to women who are alcoholics. Mothers who drink socially don't endanger their babies—or do they? Researchers at the University of Washington were the first to identify FAS in 1973. They also believed, initially, that only heavy drinking could harm an unborn child. But their own studies proved them wrong.



Photo: Courtesy of Kenneth L. Jones, M.D.
University of California at San Diego

More than 1,500 well-educated, middle-class mothers were included in the Washington study. These women were not alcoholics, but "social drinkers." The results of the study showed that even moderate drinking (two beers, glasses of wine or mixed drinks) could have serious effects on unborn children.

Dr. David Smith reports: "Now we are beginning to see mild problems in infants whose mothers had only two drinks per day during pregnancy." The type of alcohol consumed did not matter. Beer, wine, and liquor all were capable of causing the defects. He found also that women who drank in spurts (once a week, having five or more drinks) also risked harming their fetuses.

It is interesting to note that alcohol has been a suspect in birth defects since the times of ancient Carthage when the bridal couple were forbidden to drink wine on their wedding night in order that defective children might not be conceived. And in 1834, a Committee of the House of Commons noted that infants of alcoholic mothers sometimes had a "starved, shriveled, and imperfect look."

Just how alcohol damages unborn children still is not understood. Some believe the human fetus, especially during the first three months, is not able to metabolize alcohol as an adult would. Therefore, two drinks taken by a mother would raise the child's blood alcohol level to 10 times that of the mother. Dr. Sterling Clarren of the University of Washington noted that the brains of unborn babies of drinking mothers revealed that cells that should have grown into special areas of the brain just formed a sheet over the surface.

Fetal Alcohol Syndrome

To add to the problem, children born to mothers who are alcoholics also are born addicted to alcohol. During the first 24 hours after birth, they begin to go through alcohol withdrawal. They are irritable, may have convulsions, and often have a serious heart irregularity. Some die of apnea (stopped breathing), while others suffer from swelling and tremors. Some babies even smelled of alcohol at birth, and the fluid surrounding the baby also contained alcohol. Symptoms of withdrawal lasted anywhere from one week to six months. Over half of these babies will be mentally deficient, many for the rest of their lives. Since many of the alcoholic mothers also were suffering from malnutrition, their babies frequently were premature, underweight, and they had a much higher than average rate of spontaneous abortion (miscarriage).

On the basis of these and other studies, Dr. Smith has declared: "Alcohol is the most common teratogen (agent causing birth defects). We would advise any woman considering pregnancy or who is already pregnant to avoid alcohol altogether. It just kills me when I see another affected child and I know that if the mother had only known and stopped (drinking), it would not have happened."

The future of FAS children is not much brighter than their birth. After one year, FAS children lagged in height by 65% of normal and in weight by 38% of normal. Although some heart defects were correctable, many were not. Most congenital handicaps will affect the child of an alcoholic mother for the rest of his/her life.

How much alcohol is too much during pregnancy? Dr. James Hanson, at the University of Iowa, estimates that if a woman consumes less than two ounces of 100-proof alcohol each day, her chances of triggering birth defects are low, but not zero. If she drinks 10 ounces or more daily, the danger could approach 50% or higher. He also suggests, "If you plan to get pregnant or are pregnant, don't drink, and if you drink, don't get pregnant." Future mothers and fathers would be wise to decide to celebrate pregnancy by toasting with a glass of milk. It would be safer for everyone concerned.





Fetal Alcohol Syndrome

An astute, perceptive authority has recently discovered a large gap in medical and nutrition knowledge. He may also have found a way to prevent the greatest single cause of birth defects.

by FRANK L. IBER, M.D.

Considering how long men and women have been drinking alcoholic beverages, it is surprising that it is only seven years now since the medical profession first realized—no, awakened would be a better word—to the fact that when the pregnant woman drinks she may be causing her baby to suffer irreversible birth defects.

Medical researchers have not yet had time to learn all of the answers to questions raised by the discovery that a direct association between alcohol and birth defects exists. However, such a gap offers no solace, nor does it offer a reason to discount the existence of this connection. It can now be stated with the utmost conviction that while all of the defects

caused by drinking have not yet been identified, we do know

- that the ingestion of alcoholic beverages (ethanol, ethyl alcohol) interferes with normal pregnancy,
- that the effects on the fetus are permanent,
- that whether they occur or not is a matter of the basic metabolism of both the pregnant woman and the fetus,
- and, worst of all, that the deleterious effects of alcohol in pregnancy may be more prevalent in the western society than we now recognize.

Drinking under any circumstances interferes with many complex systems of the human body in both men and women, so it should not be surprising to us today to learn that drinking during pregnancy harms the unborn child. For some reason this possibility was ignored by the medical profession. We certainly had plenty of warning. Way back in biblical times Judaic observations as set down in the Holy Bible spoke of the then prevalent belief that alcohol would cause birth defects. In the book of Judges, 13:7, for example, it says "behold, thou shalt conceive and bear a son, and now drink no wine or strong drink." This, it turned out, is better medical advice than physicians have been giving since.

Then in the middle of the last century, Charles Dickens, the British novelist, observed that children born of mothers who were chronically drunk were frequently mentally defective. This good advice, like so many of Dickens' social observations, was ignored by the medical profession.

This sad state of affairs persisted until 1973 when a remarkably perceptive Seattle physician noticed that babies born of alcoholic women were frequently and uniformly malformed and often grew to

become children who were mentally retarded.

The physician is David W. Smith, M.D., of the Department of Pediatrics of the University of Washington in Seattle. It was Dr. Smith who first noticed the phenomena. He was the first to describe it accurately, and it was he who named this scourge of babies today the fetal alcohol syndrome or FAS for short.

We don't yet know to what extent the defects are dependent on the amount of alcohol consumed, but it does appear that the pregnant woman does not have to be a full-blown alcoholic in order to give birth to a baby that grows up retarded or a child that exhibits one or more of the characteristic FAS deformities when it is born. It does seem reasonable to believe that drinking any amount of alcohol in excess of the level to detoxify it will put the fetus at risk.

In the alcoholic mother-to-be alcohol evokes its harm in part because she has a tolerance to many of the behavioral effects that prompt less experienced drinkers to curtail their intake before they suffer the flagrant symptoms of drunkenness. Alcoholics, on the other hand, usually get their intake up to more than 100 grams of ethanol a day. This is equivalent to at least eight beers, a little less than a pint of whiskey, or more than a bottle of wine. This amounts to about half of the caloric intake in such drinkers. Thus the likelihood of malnutrition (which also affects the fetus) is enhanced. Furthermore, the addiction causes many things to occur that influence her sexuality, fertility and, as we now know, thanks to Dr. Smith and his perceptive colleagues, her pregnancy. As for sexual behavior, light drinking increases sexual desire but heavy drinking impairs it. It impairs judgment, a fact



Dr. Iber is a professor of medicine and chief of gastroenterology at the University of Maryland Hospital School of Medicine. He is also the chief of the alcoholism service at the Loch Raven Veterans Administration Medical Center.

Dr. Iber wrote for Nutrition Today readers in our January/February, 1971 issue: "In Alcoholism, the Liver Sets the Pace." The 1971 article, as well as the article appearing here, are also available as teaching aids.

Characteristic Anatomical Defects that are Signs of the Fetal Alcohol Syndrome



Low nasal bridge

Short palpebral fissures, obscure the canthus, or inner corner of the eye, a normal feature in certain species of the Mongolian race

Indistinct philtrum, an underdeveloped groove in the center of the upper lip between the nose and the lip edge

Small head circumference

Epicanthic folds

Short nose
Small midface

Thin reddish upper lip

PHOTO COURTESY NEJM

Epicanthus is a characteristic of the eye where a vertical fold of skin extends from the root of the nose to the inner termination of the eyebrow, sometimes covering the inner canthus. Its presence is normal in certain of the Mongolian races but a telling deformity in FAS.





David W. Smith, M.D. is a pediatrician from Seattle to whom the world is indebted for having been the first to identify and catalog the signs and symptoms of the fetal alcohol syndrome. He shares the credit with many associates.

that could certainly cause her to neglect to take contraceptive pills, and make the alcoholic all the more likely to become pregnant. Add to this the fact that the addiction is expensive. For some women who do not have the money, it makes it easier for them to sell their sexual favors to support their addiction. Menstruation, ovulation, fertility, and even the ability to carry a pregnancy are heavily burdened by excessive drinking. Despite all of these impediments, however, alcoholic women all too frequently do become pregnant. Whether more addicts have more unwanted pregnancies than do normal women I do not know, but the circumstances are certainly stacked for that to be so. Given the widespread use of alcohol by women of child-bearing age and the connection between the habit and FAS, the outlook is not bright.

Consider this. In North America, nine out of ten women of child-bearing age are said to drink occasionally. The most reliable statistics also indicate that seven out of every ten of these women drink regularly, which is to say that they have a cocktail every evening, for example. Most surprising of all is that one out of twenty women in this same critical age group is a confirmed alcoholic. So we can see that social behavior and custom add to the likelihood of FAS.

LABORATORY RESEARCH

In the search to explain the phenomenon Dr. David Smith observed in human infants, animal studies have since been done. This laboratory research shows clearly that it is the alcohol and not the

The pathologic physiology of alcohol and the fetus are discussed by C. F. Enloe Jr., in a separate article appearing on page 12 of this issue.

activities of the mother that cause birth defects. Alcohol interferes with organ development, even when the nutritional status of the animal is maintained in a fully adequate manner.

Two types of experiments have been conducted.

Since animals will not voluntarily consume half of their total calories as ethyl alcohol, it has been necessary to mix the alcohol in a liquid diet so that the animal is left no choice but to consume the alcohol in the food or starve. Most species of experimental animals cooperate. When such diets are fed to female rats, mice, hamsters, and chimpanzees that have mated, they produce offspring whose brain is underdeveloped and whose heart, limbs, and kidneys are frequently malformed. When the dose is changed the number of malformations varies likewise. One may assume that such teratogenic defects are related to the intensity of the exposure to alcohol. These effects appear to be most marked if alcohol is added to the animal's diet during the period of pregnancy when organs are being formed. On the other hand, curiously enough in an additional experiment such effects have been seen with regularity when alcohol is administered and the blood-alcohol level of the animal is elevated immediately prior to conception.

Male chauvinists will be relieved to learn that no deleterious effects have been observed in offspring conceived when the male's alcoholic blood level is elevated, a not entirely infrequent occur-

rence. Thus it can be said that it is the amount of alcohol circulating in the woman's blood that's crucial.

The most exciting recent data reveals new (and disturbing) information about the learning ability of rats and mice born of mothers who have been on diets containing only relatively low levels of alcohol. Anatomically, such infant animals appear in every way to be normal. However, when tested at various stages in later life, it becomes obvious that their learning ability is impaired. Mice experiments just mentioned offer persuasive evidence that the degree of impairment appears to correlate with the amount of alcohol that the mother ingests. It ranges from slight to marked impairment in the ability to learn as demonstrated in such standard tests as shock avoidance, maze running, and complex tasks of adaptation experiments that are well characterized in rats. This evidence should be a solemn warning to the seven out of ten women who are not alcoholics but who have a drink or two each day.

Animal experiments using miniature swine who ingest alcohol readily with food, and who are also feund, have also produced interesting results. From such models important pieces of information have been gleaned. For example, alcohol-drinking sows reproduce more frequently. And, as is now to be expected, their offspring are more severely affected with FAS. In one experiment with miniature pigs, one out of four animals in the first litter was severely deformed. In the second litter three out of five pigs showed FAS. In this model, at least, there is a clear dose response, a curve that demonstrates a direct relationship between the amount of alcohol ingested and the severity of the damage to the offspring. Figure 1 summarizes these ideas.

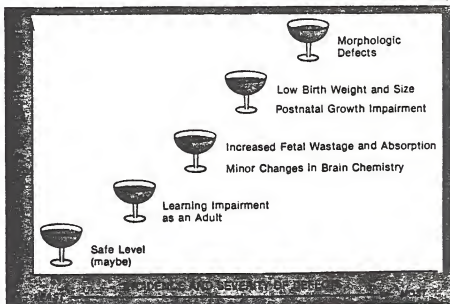


Figure 1. What animal experiments reveal are likely effects of alcohol on the fetus.

An editorial about Dr. Smith and his discovery will be found on page 16.

The Fetal Alcohol Syndrome is not always looked for nor is every physician and nurse familiar with its telltale manifestations. Hence, these figures are only estimates. The actual figures may be higher than we think.

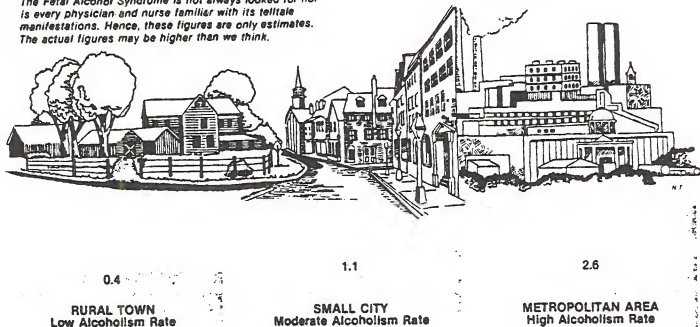


Figure 2. Incidence of the full fetal alcohol syndrome for each 1,000 live births in America

EFFECTS OF FAS

FAS in its most exquisite, full-blown development is revealed in a child by numerous defects in cranio-facial development, in prenatal and postnatal growth, and mental insufficiency. None of these defects correct themselves as the child grows older. Table 1 lists these major features.

This is the type of infant that is frequently born to women who, careful interrogation reveals, admit to having five or more drinks a day (i.e., 60 grams or more of alcohol) throughout pregnancy.

In twins born to alcoholic women some curious inconsistencies have been noticed. For example, three pairs of fraternal twins (those from separate eggs) have been observed in which one twin exhibited all of the physical deformities of the syndrome while the other twin was apparently normal. We do not know whether the second twin showed decreased mental acuity in later life. This suggests that the genetic susceptibility may be important. Otherwise at the present state of our knowledge this inconsistency defies explanation.

The only known affected identical twins, which is to say those from one egg, were equally deformed.

We do not yet know how prevalent the FAS is in America (fig. 2). The main reason is that recognition of the existence of the syndrome is so new that not all physicians have had time to become experienced in recognizing its signs and symptoms. In Seattle, where the syndrome was first defined, and pediatricians have been alert for the longest time, it is estimated that approximately

one child is born with FAS in each nine hundred live births. Similar observations in New York City indicate that the incidence is one in each four hundred births. The data suggests that FAS occurs about as frequently as the trisomy 21 Down's Syndrome. Given the fact that it most

usually causes mental impairment, the prevalence of FAS may make it the most common birth defect of which we are currently aware. For example, of over eighteen women in Brooklyn, New York, who were identified as having been heavy drinkers during pregnancy, twelve

TABLE 1

Major Features of Fetal Alcohol Syndrome Observed in 245 Advanced Cases

FEATURE	MANIFESTATION	
	Present in over 80% of patients	Present in over 50% of patients
Brain Injury		
Intellectual	Clear mental retardation	
Neurological	Too small head (microcephaly)	Poor coordination
Behavioral	Irritable in infancy	Hypotonia
		Hyperactive in childhood
Growth Impairment		
Prenatal	Significant reduction in weight and height	
Postnatal	Significant reduction in weight and height	Disproportionately decreased fat stores
Facial Characteristics		
Head circumference	Too small	
Eyes	Short palpebral fissure	
Nose	Hypoplastic philtrum	
Maxilla		Short upturned
Mouth	Thinned upper vermillion	Hypoplastic
	Retrognathia in infancy	Micrognathia or prognathia in adolescence

FROM NEJM

gave birth to FAS damaged babies. Five of these babies had every one of the deformities of the head and face (i.e., the full syndrome). In other studies of alcoholic mothers from two and one-half to nine percent produced babies with full FAS. From thirty-three to thirty-eight percent produced babies with some of the minor abnormalities. In both such studies, however, mothers who were not alcoholics had less than ten percent of even the minor abnormalities. Thus various studies show that three to twenty-nine percent of the children born to mothers who drink heavily during pregnancy have full FAS, and at least one out of three of the babies in all of these studies have minor congenital abnormalities. Careful mental testing of such children at one year of age would probably lead to the recognition of brain damage in even more children. No doubt in later life an additional group would exhibit learning impairments which are of course difficult if not impossible to detect in the newborn.

The basis of the evidence in these studies that have just been described is the result of interviews where mothers were asked about their alcohol intake. It is not surprising that these women are reluctant to admit to drinking; nevertheless, one of every three women interviewed has been recorded as a moderate drinker. Mothers of deformed infants naturally loathe to admit that their weakness as manifested by drinking might be responsible for the deformities of their child. No study has yet overcome this problem.

Complex epidemiological studies of pregnant women enrolled in prepaid medical care plans, who were followed regularly with self-administered or volunteer-administered questionnaires about their drinking and smoking habits, indicate that spontaneous abortion is also higher in women who take more than two alcoholic drinks a day, as compared to those who respond that they do not drink. The risk to the child of a woman who drinks only once in a while and who then goes on a one night spree, by exposing the fetus at, say, a critical stage of brain development, is not fully considered in most studies, which speak of only average intake. Thus, the full FAS which occurs most frequently in the offspring of alcoholic women who have five or more drinks a day is only the tip of the iceberg of fetal alcohol damage.

Alcoholic women, like alcoholic men, frequently abuse the use of other toxic substances that can affect the fetus. They take more drugs, such as tranquilizers, drink more coffee, and smoke more cigarettes than do other people. They usually consume an unbalanced diet, and have been noted to be deficient in vitamins, minerals, and protein. For this reason the human data relevant to the damaged children born to alcoholic mothers was



The fetal alcohol syndrome is no respecter of age. Here is the same child at birth (left), at 8 months (center), and at 4 1/2 years of age (right). This child's IQ was from 40 to 45 at each evaluation from 8 months on.

viewed with skepticism by many observers when it was first reported. However, the peculiar combination of abnormalities of prenatal and postnatal growth and mental retardation, along with the highly specific animal data, lend strong support to the hypothesis that the FAS is indeed a well defined syndrome that is due directly to alcohol consumption. Epidemiologic investigations about the use of nicotine, caffeine, tranquilizers such as diazepam (Valium), and malnutrition fail to reveal the pattern of FAS when alcohol is not involved.

The original report of FAS by Dr. Smith in 1973 was followed in the short period of three years by the identification of forty-one such affected children in the Seattle area alone. By 1978, five years after the first report, eighty-five children were observed and identified in the university city of Tuebingen, Germany. More than three hundred such affected children have been reported from

the major alcohol-using countries of the world. As more nurses, physicians, teachers, and the public become aware of what to look for, we expect that the incidence of recognition will soar. It is now estimated that in the western world throughout which the pattern of alcohol consumption by women is fairly uniform, and where it can be said that the incidence of alcoholism in women is about the same, of every thousand live births one or two will exhibit the full syndrome. Some evidence of the syndrome will be seen in as many as six of every thousand children. There has not yet been time to learn how many children will show some mental retardation in later life because their mothers drink. If the rate is, let's say, only two FAS babies per thousand live births in the United States and Canada, then the number of children so affected is very great. It means that in the United States alone there are at least twelve thousand



The fetal alcohol syndrome is no respecter of race. Note the similarity of defects in the North American Indian (left), a black (center), and a white child (right). All are mentally retarded.



A characteristic feature of FAS is a smaller head circumference (sketch) than usual (outline).

children born each year with an anatomical and mental deformity and that twelve hundred such babies enter Canadian society each year.

Like all other substances that cause the birth of physically and mentally abnormal offspring, the effect of alcohol is varied by a combination of genetic susceptibility, maternal nutrition or malnutrition, and the intensity of the insult to which the fetus is subjected. As has been said earlier, with only one or two exceptions the advanced syndrome appears to occur only in mothers who consume a reasonably large amount of alcohol daily throughout pregnancy or who, from time to time, go on binges of extreme consumption. The mean intake of

seventy-two grams of ethyl alcohol daily for those mothers in whom this intake can be measured reveals just how heavily they do drink. In some other studies, the complete syndrome has been noted in those who have four or five drinks a day and average at least forty-five drinks a month. These data should be no comfort to the woman who may have three or four drinks in one evening while she is pregnant and then no more for a day or two, because no data yet exists that indicates a safe level of alcohol consumption during pregnancy. It is quite clear from the animal data measuring impaired learning, and in laboratory species that have been observed, that injury occurs even when lesser amounts of alcohol are consumed than those needed to produce the anatomical deformities of the head and face.

The syndrome in its full blown form has major elements that are easily observed and can be set forth in the accompanying figures and charts. To meet these requirements there must be present elements of brain injury traceable to deficiency in intellectual and neurological growth. These are clearly apparent at age one and thereafter, but are not perceptible in the first year of life. Even at birth, however, it is easy to see that the child with FAS is too small, is not long enough, nor does it weigh enough for an estimated gestational age.

The circumference of its head is even smaller than it should be for the reduced size. These are impairments that remain throughout life. There is no such thing as the FAS child catching up.



This is a teaching aid article. Price and delivery dates are available on request. For institutions and anti-alcohol programs, bulk prices will be available at a discount. Ordering information will be ready by January 1, for delivery after February 1.

Figure three shows a weight and height graph for the syndrome with data obtained during the first year of life in several of these children. In contrast to most other forms of low birth weight and height there is no postnatal catch-up growth. These infants are repeatedly evaluated for failure to thrive and at all times in subsequent growth they remain more than 2SD below the average, with weight usually being more severely impaired. The impaired adipose tissue deposits results in these children remaining skinny. Most studies of the reasons for the impaired size is a prenatal insult to cell proliferation leading to diminished numbers of fetal cells.

The best known symptoms of FAS are the abnormal features one can observe in the face (table 1). They are best understood by postulating that the brain and the part of the face dependent upon a brain of normal size just did not develop adequately to fill out the face. The eyes are too close together. There is the fold that covers the inner corner of each eye, a phenomenon that is normal in

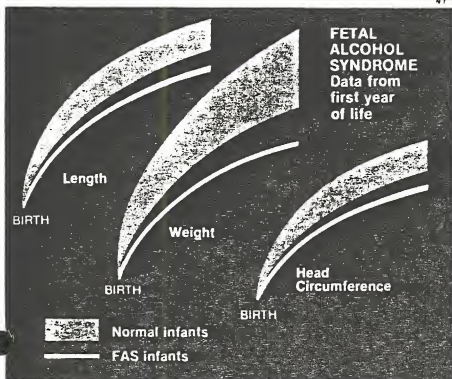
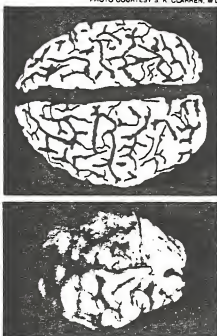


Figure 3. Growth Chart

PHOTO COURTESY S. K. CLARREN, MD



Compare the size of the brain of a normal newborn infant with that of an infant with FAS who died five days after birth (lower specimen). The affected brain exhibits a gyral pattern obscured by a leptomeningeal heterotopia.



The anatomical defects of fetal alcohol syndrome last a lifetime, as shown by this patient who is seventeen years old.

people of the mongoloid race (and for what reason we do not know). There is virtually no bridge to the nose just before the forehead and the organ itself sits too close to the upper lip. The normal pair of ridges divided by a small valley that extends from the bottom of the nostril septum to the upper lip is absent, and there is a turned upper vermilioned border.

The syndrome is now well characterized in an accumulation of reports that have appeared in the world's literature (table 1).

Studies comparing the intelligence with the prominence of the facial characteristics within the group of fetal alcohol syndrome patients indicate clearly that the more severe the facial characteristics, the more severe the impairment of mental function suggesting that alcohol is responsible for both. A few careful autopsy studies of the brain structure in the fetal alcohol syndrome exist and the cortical cells of the cerebellum and the cerebrum show the most marked abnormalities.

Dr. Iber and the editors of Nutrition Today wish to express their deep appreciation to David W. Smith, M.D., professor of pediatrics and Ann Pytkowicz Streissguth, professor in the department of psychiatry and behavioral sciences, both at the University of Washington, Seattle.

The thanks of everyone, everywhere, should go to Dr. David Smith for his perception in being the first to make us all aware of the signs and symptoms of the fetal alcohol syndrome. —Ed.

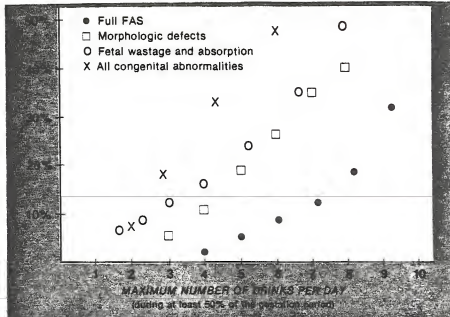


Figure 4. Probable relationship of daily alcohol consumption during pregnancy to the occurrence of birth defects.

Animal data supports these observations with the findings of cerebral cortical developmental and myelination changes in the fetus exposed to alcohol.

In addition to the facial characteristics noted in the patient illustration and in figure 1 there are many others that are frequent, but a little less common. In the eyes, ptosis, strabismus, and epicanthal folds over the inner angle of the eye are often seen; myopia is a bit rarer. Both posterior rotation and poorly formed ears are seen. In the mouth prominent lateral palatine ridges, cleft lip, cleft palate, and small teeth with faulty enamel are observed. Atrial and ventricular septal defects in the heart have been observed. There are aberrant palmar creases, pectus excavatum, and many other hypoplastic bone and joint abnormalities. Available follow-up studies indicate that the abnormalities are permanent; there is little evidence that the child grows out of it or overcomes the defect.

SAFE CONSUMPTION?

The question is frequently asked, "What is a safe level for alcohol consumption in the pregnant woman?" The most conservative answer is that the

thoughtful women contemplating pregnancy would avoid all alcohol from the time of conception until the child is born. The hardest scientific data on the striking structural changes that make up the clear facial characteristics of the fetal alcohol syndrome is that four or five drinks daily should be avoided to possibly forgo the full blown syndrome. The available animal data indicates clearly that one-fifth of the level of alcohol needed to produce major morphological changes will surely produce learning impairment in adults born of alcoholic dams even though they are morphologically normal. Under this circumstance, any alcohol amount approaching one drink each day of pregnancy is of the magnitude to produce this form of damage. The prudent conclusion is that alcohol is undesirable during pregnancy.

It seems clear that the unborn child has the most sensitive of all tissues to alcohol injury. In adults, fifty grams of alcohol per day seems capable of producing liver damage if utilized over many years; lesser amounts of alcohol seem safe. In contrast, half this amount of alcohol to the pregnant woman taken through pregnancy will produce mental changes in the newborn. These ideas are summarized in figure 4.

The fetal alcohol syndrome is emerging as the most prevalent single cause of mental impairment in the Western world. Many exciting programs to recognize drinking in obstetrics and gynecologic practices, to educate mothers-to-be of this hazard, and possibly even to label this hazard on alcoholic beverages are under discussion. This syndrome now clearly described in its advanced form will shortly enter the prevention phase. We all await—what really works. ☺

How Alcohol Affects the Developing Fetus

Some observations about the normal and abnormal physiology of the pregnant woman who drinks. These reflections make it clear why we should all read the Holy Bible more carefully.

by CORTEZ F. ENLOE, JR., M.D.

When Dr. Iber wrote in the January/February, 1971 issue of *Nutrition Today* that "In Alcoholism, The Liver Sets the Pace," he helped us understand why drinking more than a moderate amount of alcohol causes the beverage to escape the detoxifying system of the liver and reach the developing fetus. The fetal alcohol syndrome or FAS, as it has since come to be known, had not been recognized at the time of Dr. Iber's report. There can be little doubt, however, that as he pointed out, the rate at which the liver can spare the body the damage of alcohol is "a linear function of time." He provided us with the clue to the fact that once alcohol consumption reaches a stage in which the alcohol blood level in the portal circulatory system between the digestive tract and the liver exceeds the capacity of the liver to detoxify it, trouble is sure to occur. The excess alcohol passes on into the general circulation and the person becomes drunk. And drunkenness

is a primary cause of crime, of automobile accidents, of fatal crashes by private airplanes, and, now it seems, it may also be a principal cause of mental retardation and birth defects by making the fetus drunk. This then is reason enough to look at the pathologic physiology in the pregnant woman who drinks.

At first blush one could easily be suspected of trivializing a serious matter when they observe that the pregnant woman who craves the psychologic release of a cocktail would do well to eat while she drinks. There is sound medical reasoning behind this advice because by eating as she sips, she slows the absorption of alcohol, or ethyl alcohol, or to be exact, ethanol, to use the contraction, from her stomach into the portal circulatory system. The slower the absorption rate, the better the chance that the liver will be able to break down the alcohol and keep it out of the general circulation.

As Dr. Iber pointed out, the moment one takes a drink, the alcohol that first reaches the stomach is quickly absorbed. However, if one then nibbles a bit of cheese or a mini-frankfurter hors d'oeuvre absorption is slowed. And the greasier the tidbit the better, because the presence of fat slows absorption of alcohol through gastric mucosa. By these willful acts—sipping drinks slowly and eating all the while—the liver, which has only a limited capacity to detoxify and metabolize any agent, is given an opportunity to reduce alcohol from the stomach into innocuous acetaldehyde and acetic acid, and these two substances subsequently break down into carbon dioxide and water. This chain of events is clearly established. It is only part of the

routine activity of the liver, a large, busy factory alive with metabolic chemical reactions that break down nutrients and other chemicals absorbed from the stomach and intestine into less complex units so the body can use or dispose of them.

PORTAL PROTECTION

This emphasizes the virtues of the portal system because through its vessels everything that leaves the stomach or the small intestine must first go to the liver before it can pass into the body's general circulatory system. However, as Dr. Iber pointed out, the trouble is that the liver's capacity is limited and inflexible. As he told us, in the case of alcohol, the liver can handle about ten milliliters an hour. Or, to put it another way, it means that it will take the liver of the average person from five to six hours to fully oxidize the alcohol in four ounces of whiskey or two and one half pints of beer. This is why three drinks at lunch puts President Carter's mythical executive off his beat for the afternoon. This can only be avoided if one were to spread their alcohol intake of such drinks evenly over four hours' time, an unlikely event because then they would get little or no kick from drink at all.

The trouble begins when the liver receives more alcohol than it can handle. It simply lets the excess pass into the general circulation and picks out that which it can detoxify at its leisurely pace as it passes back through the liver. Thus it permits the host to enjoy the intoxicating pleasures of alcohol until the organ has time to pick it up and reduce it to carbon dioxide and water. If the amount is such that the transfer of acetaldehyde exceeds



Dr. Enloe is the editor of *Nutrition Today* magazine.

the body's capacity, the acetaldehyde concentration increases and that's what causes a hangover.

The blood-alcohol curve chart dramatically depicts the effect of food on absorption rates of various spirits. The chart was compiled by one of the greatest practical pharmacologists, Chauncey D. Leake, Ph.D. (For more information about Dr. Leake, see the May/June, 1978 issue of *Nutrition Today*.)

The alcohol that circulates freely in the blood waiting to be detoxified reaches all of the body's organs and has a special affinity for the brain and the person becomes intoxicated. In the case of the pregnant woman something else also occurs. In her case there's also the baby growing within her body to be thought of. The simple answer is that it too receives its share of alcohol. The amount of the concentration of alcohol that the baby is bathed in, and keep in mind that we are speaking of raw ethyl alcohol, regardless of whether it comes from wine, spirits, or beer, depends on three things. First, how much the mother drinks, of what kind of alcoholic beverages the mother has consumed; second, in what period of time she drinks it; and third, whether she slows the emptying time of her stomach by eating as she drinks. If she has sipped a martini containing, say, one and one-half ounces of gin over a period of two hours—an unlikely feat for a martini drinker—all the while nibbling on cheese hors d'oeuvres, the baby may not be damaged. Any faster drinking, or no food of consequence, however, and the fetus is sure to get an alcohol bath.

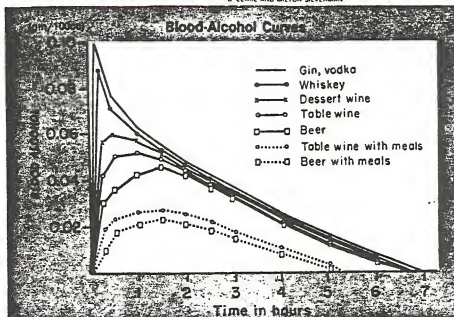
BATHTUB GIN

This point was made very clearly long, long ago when, as Dr. Iber tells us, it was clearly stated in the Bible as an admonition to pregnant women.

As is so often the case in medical discovery, now that we know what happens in the fetal alcohol syndrome, looking upon the basic effect of alcohol on the tissues, it is hard to understand why medical scientists were so slow in realizing that ethyl alcohol is bound to injure the virtually defenseless tissues in the developing fetus.

Consider this fact, that we physicians overlooked. In the very first university courses in general chemistry, students are taught that alcohol is a dehydrating agent. It has an inexplicable capacity to absorb water without markedly increasing its own volume. As anyone who made "bathub gin" during the prohibition era knows, one has to use more than a pint of water and a pint of ethyl alcohol in order to obtain a quart of gin. Here two pints don't make a quart because the alcohol absorbs some of the water. (Chemistry will ignore the few drops of juniper juice that are added for flavor!) This phenomena is usually demonstrated in beginning college chemistry

FROM ALCOHOLIC BEVERAGES IN CLINICAL MEDICINE BY CHAUNCEY D. LEAKE AND MILTON SILVERMAN



Typical blood-alcohol curves resulting from ingestion of various spirits, wines and beer, each at amounts equivalent to 0.6 gm of alcohol per kilogram of body weight.

when the instructor will mystify his young audience by taking a beaker with 100 milliliters of water and a beaker with 100 milliliters of alcohol, mixes them in a large graduate and lo and behold the resulting volume is not 200 milliliters but only about 185 milliliters. The alcohol behaving like a liquid sponge has simply absorbed some of the water. This ability of alcohol to absorb water is the reason that it stings abraded tissue. It simply draws some of the water out of it. It is the reason why raw alcohol will irritate the lining of the stomach after sufficient exposure and explains why drunkards frequently suffer from gastritis. It is also a good reason as we can think of why the brain of a child of a drunken mother is smaller than the brain of a normal child. In an autopsy, as accompanying photographs show, the brain of the child that has been exposed to alcohol can best be described as appearing desiccated. It may also be a reasonable biochemical explanation why that same child is retarded. They simply do not have the same amount of brain tissues as do normal children because alcohol has withdrawn some of the fluid from the developing brain cells and they have died or remain dysfunctional.

BIOLOGICAL COMPUTER

In the adult, alcohol damages the brain cells in a similar manner. In so doing it slows the passage of nerve impulses. The neurological reticulum of the brain is particularly affected. This is the part of the organ which can be compared to a biological computer that receives the signals of the remainder of the brain, coordinates them, and sends them back to their proper place. In the fetus

this is the portion of the brain that first develops. In the adult, when alcohol depresses the activity of the reticulum the signals going to the cortex, which regulates thought, become disorganized. This is the reason that a drink or two releases man from his inhibitions. This slight disorganization, which enhances release from serious thought, is what has made alcohol attractive to man since the beginning of time. After loss of inhibitions, another drink or two will begin to affect the motor process. This explains why the person who drinks first loses temperamental restraint and says more than he ought to before he reaches the stage where his speech becomes slurred and his motor coordination causes him to have trouble putting one foot properly in front of the other.

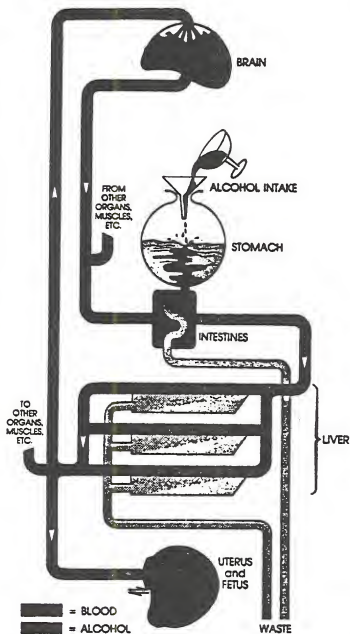
The fetus doesn't think or walk. Nonetheless, it is reasonable to suppose that the developing reticulum or the mental computer that is constantly bathed in ethyl alcohol soon adapts to that milieu. Short circuits develop and no amount of education in later life can realign them.

In making this adaptation to the alcohol environment the cells are following a pattern of growth and behavior that is one of the established facts of human physiology. They are doing the same thing that the muscles of the arm do when it is put into a sling. Those muscles, being unused, quickly begin to atrophy and waste away. Once the sling is removed, the muscles have to be retrained by physical rehabilitation.

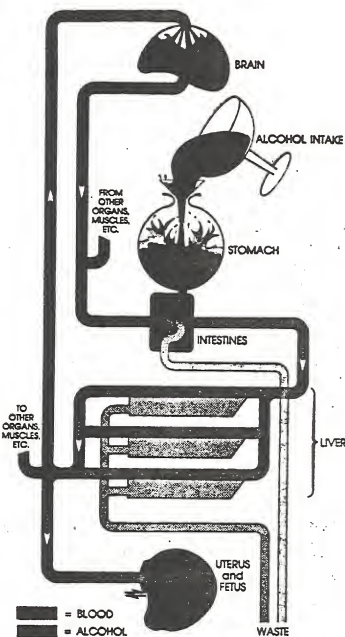
THE CELL'S WISDOM

We can see the same phenomenon at work in the endocrine system. Give a normal animal or woman large doses of

Low rate of alcohol intake. The liver is able to "filter" the mother's blood, removing the alcohol before it can enter her circulatory system and affect her brain and the fetus.



High rate of alcohol intake. The threshold of the liver's ability to treat the continuing high level of alcohol in the blood is surpassed. As the blood enters the mother's circulatory system it continues to carry alcohol with it, suffusing her brain and the fetus with this toxic substance.



Schematic diagrams showing the threshold characteristic of the liver's ability to metabolize alcohol carried in the blood. When the threshold is exceeded—when the liver cannot cope—the alcohol carried through the mother's circulatory system suffuses her brain and the fetus.

female sex hormone over a period of time, then suddenly withdraw it, and it will be observed that the ovaries have ceased to produce their normal amounts of estrogen.

This habit of a cell to lose its basic function when that function is distorted or replaced by external factors, is one of the dangers of giving excessive amounts of cortisone to the person who still has a functioning adrenal cortex that manu-

factures the same hormone.

It is reasonable, therefore, to suspect when the cells of the developing fetal reticulum are bathed with desiccating alcohol they soon adapt to that state wherein the abnormal becomes to them the normal. This might be called the phenomenon of the wisdom of the cell.

The fact that the brain in both the adult and the developing baby has a rich supply of blood means that a majority of

the alcohol-laden blood soon reaches the most easily damaged area. In the case of the fetus, we have known for some time that the alcohol in the blood of the mother easily crosses the barrier from the decidua (the temporary lining that forms in the mother's uterus to hold the placenta of the baby in place) into the placenta and thus heads for the organ that has the highest coefficient of affinity for alcohol of any organ in the body.

NATURE'S WONDERS

Nature does many wondrous things to protect the growing fetus from the careless behavior of the mother in whose womb it nestles. The uterus is a mighty muscular fortress that protects the infant from even the most extraordinary mechanical injury. One might have thought that nature would have made the placenta a bit more discriminating and not let the alcohol cross the barrier into the baby's tissues, but this is not the case. It seems that nature might have provided this protection because there is not intermingling of the mother's blood and fetal blood. One of the first things that occurs when the ova of the female is inseminated by the sperm of the male and cell division and growth begins is that a circulatory system begins to form. This can be seen in the fetus that is only a few days old, when it is little more than a small cluster of cells. This very primitive circulatory system begins immediately to carry nutrients to the cluster and to deliver metabolic waste back to the mother so it can be discharged. The waste, for example, goes back to the placenta, which is partial to the fetus

although it is connected to the fetus by the long umbilical cord villi that extend out from the placenta into the blood rich decidua and the chemistry is such that a discharge and interchange takes place. On the inward bound voyage vitamins, minerals, proteins in assimilable state, carbohydrates, fats, oxygens, and other nutrients cross the barrier into the fetus. In the outward bound trip the arteries of the fetus waste products from its own metabolism to the villi from which they cross the barrier and are picked up and carried away by the venous system of the mother to be discharged by urination, defecation, and respiration.

OTHER TOXICANTS

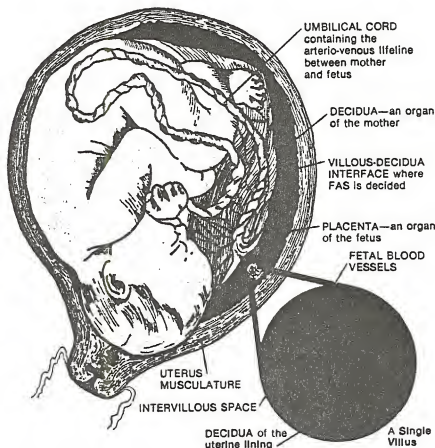
Unfortunately the fetus also passes along many drugs, at least one of which, thalidomide, an otherwise perfect sedative, has terrifyingly harmful effects on the fetus, as we learned from the sad experiences of the early 1960s. The placenta also offers no barrier to some gas products which are of no benefit to the baby. This is why smoking by a pregnant woman carries with it certain hazards that we do not yet understand. We know this because research has shown that

shortly after a pregnant woman inhales the smoke of a cigarette, methemoglobin can be identified in fetal blood. No one is sure what damage this abnormal hemoglobin can do, but the informed suppositions leave no room for comfort. The only thing that is certain at the present state of our knowledge is that this is not pure hemoglobin circulating in the fetal vessels, but is an abnormal substance.

The same can be said about the pregnant woman drinking caffeine-bearing coffee. This alkaloid also passes the placental barrier interchange. Again, the state of our knowledge does not provide evidence that for the pregnant woman to drink a modest amount of coffee is harmful. The knowledge, however, does raise the question of whether the fetus can withstand the impact of the same serum concentration of the caffeine as does the fully developed human body. We have a long way to go before we have certain knowledge of what drugs and stimulants the pregnant woman can safely consume.

We don't know how to account for the way that alcohol selectively disfigures the infant anatomically. That too must be left to further research.

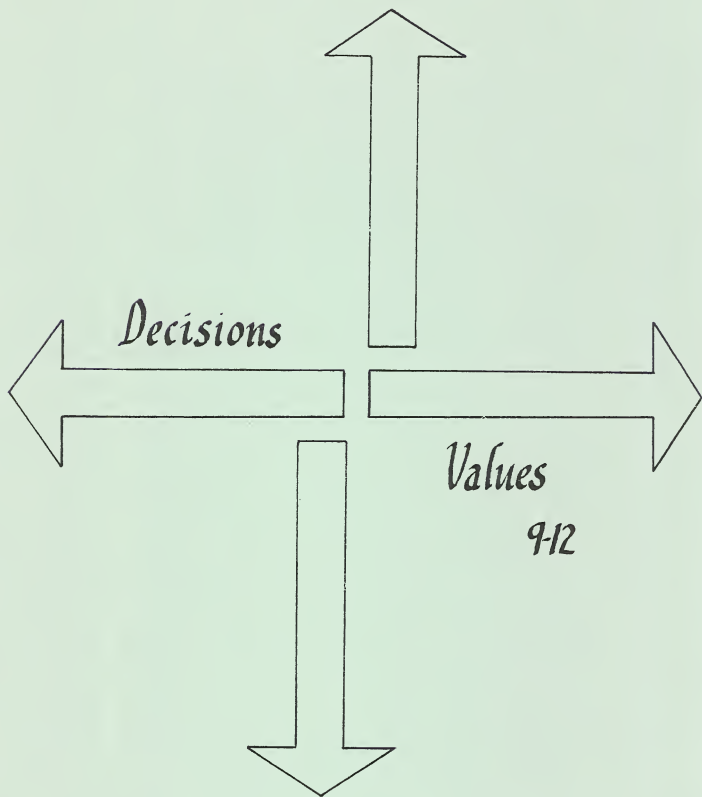
The organs of even a young child are composed of cells that are mature. This, to us, means that the cellular systems are highly developed and have practiced patterns of metabolic behavior and chemical interchange. The developing cells of the fetus are not old enough to have the protection of such experience. We know now the mechanisms by which some of these permanent changes take place. Considering these facts, the wonder is that drunken babies born of drunken mothers are not complete idiots. The ability of the delicate tissues to withstand the day-in and day-out bath of a strong dehydrating agent is a tribute to nature. As we have seen, the placenta, a wonderfully organized temporary organ, exercises little or no filtering effect to protect the fetus. Since the cellular structure of the infant is immature and fragile, it is not too much to say that a drunken mother carries in her swollen uterus a drunken baby. After she has become drunk she usually has a hangover. That will pass away in a few hours. For the fetus, the hangover may last a lifetime.



The fetus when it is about to become a baby. Note that the fetal blood vessels do not make contact with the mother's circulatory system. Thus all exchange must transpire through the decidua and villous cell walls. They determine what shall and what shall not pass. Ethyl alcohol, unfortunately, is allowed to pass.



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DECISIONS AND VALUES

9-12

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, P. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of how values can affect the decision-making process.

VALUES AND DECISIONS

Some decisions are difficult to make because they are in conflict with our values. The following activity will help students recognize why they may have had trouble making decisions in the past and how identifying values before making a decision can be of some help in the decision-making process.

ACTIVITY:

Hold a discussion about how values affect decisions. Encourage students to think of several times that decisions have been hard to make because of conflicts with values. Hand out a copy of "How Do Values Affect Your Decisions?" and have the students complete the questions based on personal experience.

USED WITH PERMISSION: "How Do Values Affect Your Decisions?",
ME: The New Model, High School Teachers Manual (Lakewood City
Public School System: 1470 Warren Road, Lakewood, OH, 1973), p. 150.

HOW DO YOUR VALUES AFFECT YOUR DECISIONS?

When you cannot make a decision, probably there is a conflict of wants or of values. Clarifying your values will help you make your decision.

Here are questions to ask yourself so you can clarify the values that affect your decision.

1. Do you have any decisions to make now?
2. What alternatives are open to you, what might their consequences be, and which one(s) do you think will best get you what you want? Use books, magazines, the library and other people's experiences to check this out.
3. What are some of the things that are important to you in this decision, or what are your values here? (Use valuing process here if you need to).
4. Do any of the values you hold seem to be keeping you from making this decision.
5. List all the values involved in this decision and rank order them, that is, number them in order of importance, with #1 the most important, etc.
6. Are any of your values holding up your decision?
7. If so, think about it for a while and come back to it later.
8. How can you make a decision that will clearly represent your values?
9. If you still cannot make a decision, repeat the process above.
10. What is your final decision?
11. How did clarifying your values affect your decision?

Key Concept: Awareness of the responsibility of one's own actions.

OWNING RESPONSIBILITY

A breakdown occurs in communication when individuals do not take responsibility for their own actions. The following activity explores this idea.

ACTIVITY:

1. Hand out a copy of "Responsibility - Taking Ownership of One's Feelings and Actions". Role Play the story. Break the class into small groups and have students share similar situations that they have been in; how they handled the situation; and if they could have handled it differently.

USED WITH PERMISSION: ME: The New Model High School Teachers Manual (Lakewood City Public School System: 1470 Warren Road, Lakewood, Ohio, 1973), pp. 145-146.

RESPONSIBILITY -
TAKING OWNERSHIP OF ONE'S
FEELINGS AND ACTIONS

As used by people today, the word "responsibility" has several meanings. One is illustrated in this dialogue. An employer asked a prospective employee if he was a good worker. The man answered, "Yes, sir. Why, on my last job, every time something bad happened, they said I was responsible!" Another meaning is illustrated in these statements: A responsible person never drives without his driver's license. Always turn out the light when you are the last person to leave a room.

However, the word "responsibility" as used in this activity has a quite different meaning. It means taking ownership for one's own feelings and actions. When you exclaim, "You make me so mad!" you are failing to acknowledge that you chose to be angry. By refusing to accept ownership for your feeling, you contribute to your sense of helplessness.

Instead of being made angry, you have made yourself angry. To a greater extent than is generally recognized, a person has the freedom to select the feeling and the action with which he responds to another's behavior. Suppose someone tries to provoke you into a fight by insulting you in front of others. You can choose to get angry, you can make fun of the insult, or you can ignore both the person and the insult.

What does this discussion about responsibility (response-ability) have to do with one's behavior? One who takes ownership of his actions and feelings is in a position to not only change or control his feelings, but to change the situation as well. This person is no longer helpless or acted upon. His behavior is no longer determined by others. He becomes increasingly self-guided, selecting the responses that will be of the most benefit to both himself and others.

Here is a fictional example of a typical household argument:

Teenager: Can I have the car tonight, Mom?

Mother: Where are you going?

Teenager: Oh, wow! Do we have to go through that third-degree stuff every time I ask for the car? You're always making me feel like a kid. (Putting his feelings onto her.)

Parent: You don't have to antagonize me. I merely asked because I like to know where you are and, after all, it's my car. (She chooses to feel antagonized.)

Teenager: You and your precious car tee me off. I'll get a ride with someone else. (He chooses to be teed off.)

The above argument is a typical stalemate. But what if the participants take ownership of their feelings, which is a change in their responses? The dialogue might go something like this:

Teenager: Can I have the car tonight, Mom?

Parent: Where are you going?

Teenager: I'll gladly tell you, but I want you to know I feel you don't trust me when you ask that all the time. (By stating his feeling responsibly, he makes it impossible for her to say: "You don't have to antagonize me.")

Parent: It's not that I don't trust you. I ask because I care about you and where you go. And, by the way, it is my car.

Teenager: That's another thing. I feel you care more about what happens to the car than about me. I'm only going to the library, anyhow.

Parent: I didn't know you felt that way, but you're wrong. Of course I'd be inconvenienced if anything happened to the car, but I'd be devastated if anything happened to you.

Teenager: Mom, I appreciate your concern, but I'm a good driver.

Parent: I know you are, but I worry anyhow. I guess knowing where you are helps me worry a little less.

Teenager: I see that, I guess. Well, can I have it?

Parent: Yes, if you're going to the library. What time will you be home?

WATCH OUT! HERE GOES ROUND 2 IF YOU'RE NOT CAREFUL!

Teenager: (Decides to play it straight) It closes at 9:30, but I'd like to stop off at Frank's, so I probably won't be back before 11.

Parent: All right, but try to stick to that. I'll be frantic if it's midnight and no you.

Teenager: I understand that, Mom, and thanks. I'll try my best to get in by 11.



Key Concept: Clarification of feelings toward making choices.
Clarification of factors that affect what decisions are made.

CHOICES

This activity could help students understand the decisions they make by exploring the motivation behind their actions.

ACTIVITY:

Have the class stand in a circle and look around the room at their classmates. Have them pick out one person they would like to know better. At a signal from you, their task will be to go over to the person of their choice and nonverbally show that person how they feel. Often no one will move initially. If this occurs you may wait, or you might encourage them further by saying, "you mean no one here wants to know anyone better." This may be met with a display of discomfort or laughter, and at this point it is best to investigate what the students were feeling by discussing their objections to moving. Even if no one in the class responds to the initial experiment, reactions are taking place within the person. Some members may be confused about who they would choose or how they would show their feelings and therefore might not be able to make a decision. They may have thought it over and decided to do nothing. Some people might have hoped that someone would make the decision to come over to them, relieving them of having to initiate the action.

Questions may be raised for classes that will help students tie in their experiences to making choices. The following is one way that this can be explored:

1. What were your feelings: when you were told what the initial task would be; while you were moving or anticipating someone else's move; after the task was completed?
2. How did you decide: a) who you would like to know better; b) how you would show that person how you feel; c) whether or not you would act on your feeling?
3. Outside life experiences in the classroom: (recommended for small groups)

*Under what other circumstances have you experiences similar feelings to those you felt here today?

*What decisions did you make under those circumstances?

*What correlations can you make that will help you understand the patterns of your choices?

*What other alternatives do you believe are open to you?

USED WITH PERMISSION: Teper-Singer, Lynn; "Choices", Health Education, Nov/Dec, 1975, Vol. 6, #6, p. 36.

Key Concept: Clarification of own beliefs of what is responsible/irresponsible drinking behavior.

RESPONSIBLE OR IRRESPONSIBLE

The following activity will give students an opportunity to clarify their own beliefs about what type of drinking is considered responsible.

ACTIVITY:

1. In conjunction with the activities on responsible vs. irresponsible drinking behavior given in the education section, do the following. Hand out copies of the hypothetical drinking situations on the following pages. Tell the students to decide what situations are examples of responsible drinking behavior and why they think so. Have them publicly affirm their beliefs by sharing them with the rest of the class.

PUBLIC DOMAIN: "Hypothetical Drinking Situations" Montana Alcohol & Drug Division, State of Montana Teachers Guide for Alcohol Education: Grades 7-12, (Helena, Mt., High School, 1979), pp. 25-30.



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

THE SLUMBER PARTY

1. Ann is spending the night at Cathy's house. Cathy is 17, and her parents are away for the week-end. Ann notices the well-stocked liquor bar and suggested that they make themselves a drink.

Responsible _____

Irresponsible _____

Why?

2. Cathy refused, knowing that her parents would not approve.

Responsible _____

Irresponsible _____

Why?

3. Ann begins to tease Cathy about being a coward and even offers to take the blame if they are caught.

Responsible _____

Irresponsible _____

4. Cathy pours a drink for Ann but not for herself.

Responsible _____

Irresponsible _____

Why?



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

SATURDAY AFTERNOON FOOTBALL GAME

- Robert, who is 16, is watching a football game on TV with his father. During a commercial his father goes to the kitchen for a beer and asks Robert if he'd like one, too.

Responsible _____

Irresponsible _____

Why?

- Robert says yes and drinks the beer.

Responsible _____

Irresponsible _____

Why?

- Robert's best friend, Bill, 15, comes in during half-time. Robert's father offers Bill a beer which Bill accepts.

Father Responsible _____

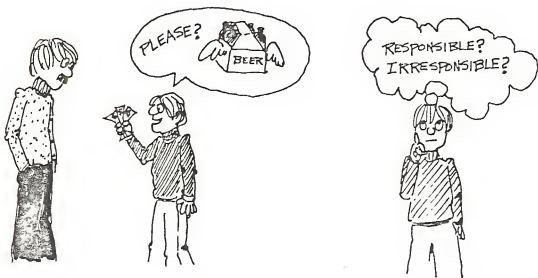
Irresponsible _____

Why?

Bill Responsible _____

Irresponsible _____

Why?



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

THE OLDER BROTHER

1. Mark, who is 16, asks his older brother, Rick, who is 22, to buy a case of beer for him and his friends.

Responsible _____

Irresponsible _____

Why?

2. Rick agrees to buy the beer on the condition that Mark doesn't drive after drinking.

Responsible _____

Irresponsible _____

Why?

3. Mark promises not to drive.

Responsible _____

Irresponsible _____

Why?

4. Rick buys a beer.

Responsible _____

Irresponsible _____

Why?

5. Mark drives home that night from his buddy's house after drinking 3 beers, disregarding his promise.

Responsible _____

Irresponsible _____

Why?



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

AN EVENING WITH THE JOHNSONS

1. It is Friday evening and Mr. and Mrs. Johnson relax by drinking a cocktail at home before dinner.

Responsible _____

Irresponsible _____

Why?

2. Larry, who is sixteen years old, enters the living room and asks his father for a sip of his cocktail. His father hands him the glass and Larry takes a drink.

Larry Responsible _____

Irresponsible _____

Why?

Father Responsible _____

Irresponsible _____

Why?

3. Larry, his father, mother and 17 year-old sister, Jenny, begin eating dinner. During the meal both Larry and Jenny drink two glasses of wine.

Responsible _____

Irresponsible _____

Why?

4. After dinner Mr. and Mrs. Johnson go next door to their neighbor's for a beer.

Responsible _____

Irresponsible _____

Why?

5. Mrs. Johnson continues to drink one beer after another until she becomes loud and begins shouting at Mr. Johnson. She leaves the neighbor's house abruptly, staggers home and falls asleep in the bedroom with all her clothes on.

Responsible _____

Irresponsible _____

Why?



Read the following situations. Check the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

THE WEDDING RECEPTION

1. Eric, 20 years old, invites Jean who is 18 to his sister's wedding. The groom's father proposed a toast to the happy couple with a glass of champagne.

Responsible _____

Irresponsible _____

Why?

2. Eric's 15 year-old sister, Debbie, is poured a glass of champagne, and she drinks it.

Responsible _____

Irresponsible _____

Why?

3. For the wedding reception there are two kinds of punch - one with liquor and one without, but they both look the same.

Responsible _____

Irresponsible _____

Why?

4. Aunt Dorothy does not drink alcoholic beverages. Eric, as a joke, serves her a cup of the punch that contains alcohol, and Aunt Dorothy drinks it.

Responsible _____

Irresponsible _____

Why?

5. Miss Coleman who sang during the wedding ceremony is getting "high" on the punch that contains alcohol.

Responsible _____

Irresponsible _____

Why?

THE WEDDING RECEPTION (Continued)

6. Paul Benson, the best man, has had more cups of the punch containing alcohol than he can count. He is getting loud with his funny jokes and spilling cake crumbs on the carpet. He asks Debbie to bring him another cup of punch.

Responsible _____ Irresponsible _____

Why?

7. Debbie gets him another cup of punch.

Responsible _____ Irresponsible _____

Why?

8. Eric appears sober, although Jean knows that he's had four cups of the punch containing alcohol within the past hour and one-half. He had to drive her home. He asks her to pour him one more cup "for the road."

Responsible _____ Irresponsible _____

Why?

THE KEGGER

1. Rick and Heather, both 18, decide to go to the Friday evening kegger.

Responsible _____ Irresponsible _____

Why?

2. Rick drinks beer, while Heather opts for a soft drink.

Rick Responsible _____ Irresponsible _____

Heather Responsible _____ Irresponsible _____

Why?

Why?

3. Feeling that Rick has had a little too much, Heather offers to drive him home.

Responsible _____ Irresponsible _____

Why?

4. Not wanting anyone else to drive his car, Rick refuses.

Responsible _____ Irresponsible _____

Why?

Key Concept: Clarification of values and improvement of decision-making skills through role playing.

DRINKING SITUATIONS

Role playing gives students an opportunity to practice values clarification and decision-making skills.

ACTIVITY:

1. Divide the class into small groups. Hand out a copy of "Role Profiles" to each group. As a group, have them select one role play and present it to the class. Those watching should look for alternative ways of handling the situation. Those presenting the role play should be able to identify their values which encouraged them to make the decisions that they did.

PUBLIC DOMAIN: "Role Profiles", Montana Alcohol & Drug Division, State of Montana Teachers Guide for Alcohol Education: Grades 7-12, (Helena, Mt., High School, 1979), pp. 33-35.

ROLE PROFILES

Non- or Social Drinker - Louis

You are 15 years old and sometimes go out with your three best friends, Sam, John and Bob when they've had an older brother buy you all some beer. Usually someone's parents are out and you go over to his house and drink. Your friends get pretty high and sometimes drunk. You try to drink as little as possible but they keep pressing you to drink more. If your parents catch you, you'll be grounded for weeks, and anyway you don't really like alcohol. But these are your closest friends.

You're now at a house drinking, but you've so far only had half a beer. How will you respond to your friends' efforts to get you to drink more?

Friends - 3 (Sam, John, Bob)

You and your three other friends form a close group and you all like to go drinking sometimes when you can get some beer and a vacant house. But Louis tried to drink as little as possible and acts chicken whenever the rest of you drink (though he's a great kid in every other way). It spoils your fun to have one of you sober.

You're now at a house drinking and he's already drinking hardly at all. What will you say to him to get him to drink with you and have some fun and not spoil it for you?

Social Drinker - Marsha

You've been going with George whom you really like. He drinks (which is OK) but he objects to your drinking at parties. He feels "nice" girls don't drink and he and you keep getting into fights over it. You like to relax with a beer or two at parties.

You're at a party now and he's starting to complain about your drinking. How will you respond?

George

You don't like the idea of girls' drinking because it presents a lousy image. Your girl, Marsha, whom you really like in all other respects, is on her second beer already at this party. She doesn't usually have more than two or three and usually stays sober. Still, you think it looks cheap. You want her to stop. What will you say?

Non- or Social Drinker - Fred

You are the star linebacker on your high school football team and after every game there's a party at someone's house with a lot of drinking. You don't like the taste of alcohol and you get a lot of razzing from the guys and girls at the parties and sometimes on the field for not drinking. You're sensitive about it and it affects your playing ability because you get self-conscious and feel you have to be twice as good as anyone else to make up for not drinking.

You're now at the party and being pressured to drink by your teammates and some of the girls. How will you respond? You've been drinking nothing but Coke and 7-Up.

Friends - 6

You are at a party with Fred after a Saturday football game. As usual, he's drinking 7-Up and Coke. He sure is weird about alcohol, and you're going to tease and razz him until he drinks like the rest of you. What will you say to him?

Non - or Social Drinker - Ann

You have gone to the movies on this Saturday afternoon with three friends, Carol, Joyce and Cheryl. On the way home you run into one of their older brothers who has a case of beer in his car. He gives his younger sister (your friend) a six pack and tells you all to "have a blast - it's about time you found out what life's all about." Your friends think this is a great chance, and you all go off to the park behind the bushes to drink. You don't want to drink, however, but your friends are all starting to open the beer. What do you do now?

Friends - 3 (Joyce, Cheryl, Carol)

You have gone to the movies on this Saturday afternoon with three friends. On the way home you run into one of their older brothers who has a case of beer in his car. He gives his younger sister (your friend) a six pack and tells you all to "have a blast - it's about time you found out what life's all about". You think this is a great idea, but Ann doesn't seem to. In fact, now you're all in the park opening the cans and she hasn't picked up one. You don't want her to miss the fun or spoil it for the rest of you. How will you try to persuade her to drink?

Tim

You are 16 years old and at a party with 25 friends. You've been going with Carey, your present date, for 5 months. She has a habit of drinking too much at parties and then going around flirting with other guys. She's already had two beers and has just opened a third. What, if anything, do you do? (You've had two beers, too, but you can hold your liquor).

Excessive Drinker - Carey

You are 16 years old and at a party with 25 friends. You have been dating Tim for about 5 months. You like to get "high" at these parties because you feel less shy with other people and it just makes you happy - and you don't mind making your boyfriend a little jealous by flirting with another guy or two. You're on your third beer now.

Ami

You are 16 years old and at a party with 14 friends. You've been dating Terry for 3 months, and he's never had more than two drinks. But tonight he's already on his fourth and starting to get loud and pushy. What, if anything, do you do?

Excessive Drinker - Terry

You are 17 years old and at a party with 14 friends. You've been dating Ami for 3 months. Tonight you feel especially good and you're on your fourth beer. Usually you have only two and hardly ever get drunk. You're sure you can hold your liquor.

Linda

You are having dinner in a swank restaurant with Bob, your fiancee. He had two cocktails before the meal and now he's on his second glass of wine. Neither of you have had anything to eat since breakfast, so he's getting very loud and attracting some attention from the waiters and other patrons. He likes to get "high" sometimes at parties, but this is the first time it's happened with you in a restaurant. What will you say?

Excessive Drinker - Bob

You are having dinner in a swank restaurant with Linda, your fiancée. You've had two cocktails and have been drinking from a bottle of wine. Since you had little to eat all day, you feel rosy and cheerful from the alcohol and you figure a few more glasses of wine will make you feel really great. You don't care what people think; you're paying a fortune for this meal.

Key Concept: Clarification of values about alcohol use by looking at history.

TAKING A STAND

ACTIVITIES:

1. Have the students read the following article called "History of Alcohol Use". Break the class into three groups to hold a debate on alcohol use and abuse. Following are the three areas of debate:

For Prohibition
For Moderation
For NO Restrictions - Personal Freedom Concept

2. Have each group research their topics thoroughly. Some possible areas to research include the following:

- State and Federal Laws: Should they be changed?
- Taxes on Alcohol and their effects on economics.
- World statistics on which countries have the highest percentage of alcoholics.

Possible resources for students to use include the following:

- Justice Department
- Library
- Local Distilleries

PUBLIC DOMAIN: "History", Montana Alcohol & Drug Abuse Division, State of Montana Teacher's Guide for Alcohol Education: Grades 7-12, (Helena, Mt., 1979), pp. 17-22.

IV. HISTORY

A. THE BEGINNING

There are many stories about how alcohol was first discovered by man. No one really knows when the discovery was actually made. We do know, however, that alcohol existed on earth long before people were here to decide whether to use it or not. Alcohol can form naturally. All it takes is sugar, water, and yeast. These ingredients were available on earth over two hundred million years ago.

The use of alcoholic beverages by humans has been recorded from as early as the Neolithic period, which began at least ten thousand years ago. Scientists speculate that someone left an unused portion of wild berry juice or mash in an uncovered bowl and went hunting. Meanwhile, yeast fell from the air into the juice and acted on the natural sugar to form alcohol. The berry juice fermented into wine. When the hunters returned, and tasted this bowl of juice-turned-wine, they experienced the first intake of alcohol in the history of the human race.

The point of this story is simply that, as far as we can determine, alcohol has been with us for a long, long time. Fermentation is a simple and entirely natural process and was probably the earliest known method of producing alcohol.

B. EARLY CIVILIZATION

As civilization developed so did the making of various forms of alcoholic beverages. The making of the beverage alcohol held great significance in these early societies.

Fermented beverage, whether grape wine, palm wine, or one derived from whatever the land might furnish (cereals, grains, fruits, or flowers) was put to many uses, not the least of which was as a dietary adjuvant. In the struggle for survival, men learned from experience that these beverages had more than nutritional value. They made the water more potable, as well as safe; they were effective medicines; and they could be relied upon to ensure the tranquility essential to a state of well-being. The more intellectual and more cultural people used fermented dietary beverages with temperance and moderation, permitting themselves more liberal digressions only as prescribed by tradition and religious beliefs.

In the primitive polytheistic religions of early civilizations, wine played an important role--its use as well as its abuse being rigidly defined. Wine had universal acceptance in libations, some civilizations requiring natural wine, others a mixture with blood, while still others permitted the addition of spices and aromatic substances. In fact, so strong was the symbolism of wine that it retains its aura of romance and unfathomable mysticism to this day.

Aside from its role in religion, wine--or any other fermented beverage--was an element of significance on all festive occasions: at banquets and at birth, marriage, and death celebrations. On these occasions, too, its use was carefully prescribed. In the symposium, the consumption of wine was defined by a tradition which required strict adherence. On certain occasions, especially in the religious festivals and often in celebration of a military victory, wine was used to the point of excess.

Another important use of fermented beverages was in medicine--mainly for its intrinsic values as a diuretic, a tonic, or as a sedative, and often as an agent to carry other medicinal substances. It was the only reliable medicinal menstruum available to the ancients, and in this guise it has persisted to this day, at times with stealth, unfortunately. Wine was also used to seal agreements and as a form of currency for paying for goods and services.

Primitive man, there can be no doubt, drank hard, but the time, the place, and the manner of his drinking seem always to have been rigidly determined by custom. In almost every instance individuals did not drink alone.

The casual use of alcohol, like the individual inebriate, is a product of civilization. Drinking places, or taverns, began to appear as early as the Mesopotamian civilization. As this casual drinking increased, so did the concern about drinking behavior. Records indicate that Mesopotamia had regulations for the operation of the taverns. There were also formalized ways of dealing with intoxication.

Various forms of control were tried in these early civilizations when it became evident that some people would drink to excess outside of the accepted times and places. Most controls, however, still fell into the realm of moral or social sanctions. Temperance was the main theme. At this point in history, it should be noted that temperance meant moderation, rather than abstinence. China recognized very early that to prohibit the use of alcohol or to secure total abstinence from the use of it was, "...beyond the power of even sages."

C. CHANGING PATTERNS

As civilization became larger and more complex, alcohol consumption patterns began to change. One of these changes was more freedom from the rigors of work. Rome was an advanced civilization which provided an environment of relative leisure, orgy, and extravagance. Wine was still used in festivals, religious rites, and for medicinal purposes, but excessive use and use for pure personal satisfaction became the rule rather than the exception.

Another change occurred as a result of advanced technology. As scientists and medical researchers explored new ways to cure human ills, it was only inevitable that new ways would be found to "improve" wine. Although distillation was probably discovered in Western Europe by this method around A.D. 800, it may have existed centuries earlier among Arabs and Chinese. It was around the end of the thirteenth century that the liquor resulting from distillation really gained a new level of importance. Arnaldus de Villanova, a professor of medicine at the University of Montpellier refined the process of distillation and proclaimed his discovery (aqua vitae) as the savior of mankind. "It was the philosopher's stone, the universal panacea, the key to everlasting life."

It became a matter of time before other forms of hard liquor would be discovered. As man learned more about the world around him, he also learned more about making alcohol. Distillation brought in many delectable "liqueurs" which were flavored by the fermented fruit juices from which they were obtained. At the monasteries, many such liqueurs were developed with intricate combinations of health-giving herbs, in a further effort to obtain desired medicinal effect.

D. COLONIAL AMERICA

The history of the use of distilled liquor in the United States begins at the very first colonization of the continent of North America. Most authorities agree that none of the Indians north of Mexico knew distilled alcoholic drinks prior to the arrival of Europeans in the 16th and 17th century. The Puritans who settled the Massachusetts Bay Colony brought with them attitudes and beliefs from the old country and did not prohibit drinking but punished severely, with 'dunking' or flogging, citizens who were found to be inebriated, particularly on the Sabbath.

Early explorers and traders commonly offered alcohol to Indians and Eskimos as a sign of friendship. However, as competition for furs increased, the more unscrupulous traders found that the desire for alcohol led some Indians to give up their most valuable possessions in exchange for drinks.

By 1800, alcoholic beverages had become a basic part of the economy of the United States. In 1794, the individuals who owned the distilleries led a revolt in western Pennsylvania (known as the Whiskey Rebellion) when the government, during the second administration of George Washington, attempted to place a federal excise tax on whiskey produced for sale.



Another important aspect of alcohol production in the United States was its link with the slave trade. Before the Revolution, New England merchants bought sugar from the French sugar-producing islands in the West Indies. They converted the sugar to rum by distillation and used the rum to trade for slaves on the African coast. The slaves were then imported

to the United States at a good profit. This became New England's largest and most profitable industry. This lucrative 'triangular trade' was ended when the British imposed the Sugar Act, which forced the colonial merchants to trade at less profit with the British West Indies sugar growers.

E. TEMPERANCE MOVEMENT

Along with the acceptance of alcoholic beverages as a household item and a commodity in the national economy came a growing suspicion that alcohol, particularly in the stronger distilled forms, rum and whiskey, was involved in some social, health, and moral problems. As had occurred in earlier civilizations, temperance groups were formed to convince people to be moderate in their use of alcohol. The early groups were generally religiously affiliated and were dedicated to the thesis that any abuse of the body was sinful. They did not try to eliminate the use of alcohol, only the excessive use of this substance.

In the 18th and 19th century, several Indian leaders advocated for all Indians, a return to the old ways, including total abstinence from alcohol. Other temperance groups began to require pledges asking people to refrain from the use of all alcoholic beverages, including wine and beer. This change led to a problem of the interpretation of the religious implications of alcohol over which some groups have been divided ever since. Some sects taught that any use of alcohol is wrong; others taught that alcoholic beverages are from the fruits of nature and therefore basically good and that it was the abuse, not the use, of alcohol which was evil.

One possible outcome of this movement came in 1832, when Congress passed the first general statutory prohibition on liquor traffic based on the constitutional authority of Congress to regulate commerce with the Indian tribes. The law, expanded over the years, covered sale, gift, transportation, and possession of liquor on reservations or sometimes adjoining Indian land, without regard to state boundaries.

Between 1874 and 1920 the country experienced a tremendous growth in the temperance (by now, the prohibition) movement. It was during this period that the physiological effects of alcohol were being questioned. Many kinds of experiments were conducted throughout the civilized world to discover the properties of alcohol. These findings gave further impetus to the temperance or prohibition movement whose original emphasis had been essentially religious. A possible outcome of this movement came between 1882 and 1902, when all the states of the Union passed statutes which required education about alcohol and its effects to be taught in the schools.

F. PROHIBITION

The culmination of the temperance movement was the drive toward legal prohibition. In 1874, the Women's Christian Temperance Union was founded in Cleveland, Ohio, and under the leadership of Mary H. Hut and Frances L. Willard, worked for many years for complete prohibition. Between 1874 and 1919, 33 states adopted prohibition of some kind. On January 16, 1920, the 18th Amendment to the Constitution was declared law, and 177,000 saloons, 1,247 breweries, and 507 distilleries in the United States were closed.



To a very considerable extent the Eighteenth Amendment was a wartime legacy. It was submitted early in the war when the expansion of national powers was at its peak. It was regarded by many who voted for it as a war measure necessary for the saving of food and manpower. It was ratified hastily by the legislatures of three-fourths of the

states under the pressure of wartime psychology, which tended to identify prohibition and patriotism, and without opportunity in any instance for a popular referendum on the subject. Furthermore, the amendment, while forbidding the manufacture, sale, and transportation of intoxicating beverages, conspicuously failed to brand their purchase or use as illegal. Full ratification was achieved by January, 1919, but as a concession to the liquor interest, the amendment delayed the actual inauguration of prohibition for one year. Congress and the several states were given concurrent responsibility for enforcement, by the Volstead Act of 1919. The states particularly in the "wetter" areas left to the national government the principal task of enforcement.

By the time Harding became President, prohibition had been the law of the land for over a year, and the difficulties it entailed were painfully apparent. People who wished to drink had no notion of being deprived of their liquor. It became the smart thing to drink, and many who had been temperate in their habits before were now moved to imbibe freely as a protest against the legal invasion of their 'personal liberty.' Statistics as to the effect of prohibition on liquor consumption and drunkenness were manufactured freely by both wets and dries. These statistics were almost entirely worthless, however, since they had little impact on either sides' thinking. All that is certain is that the demand for liquor still existed and private enterprise, although in this instance working outside the law, showed great efficiency in meeting the consumer's demand. The sources of supply included liquor manufactured for medicinal purposes, importations brought in by rumrunners, revitalized near beer, more or less renovated industrial alcohol, unfermented grape juice that had somehow gathered potency, and the produce of innumerable stills and breweries. Bootleggers, already experienced in their business thanks to prohibition laws in some twenty-six states, got the liquor around. Inevitably the enormous profits from this illicit trade led to fierce competition, in which the richer and more ruthless operators triumphed. Bootlegging became big business, and the survival of the fittest left a few successful entrepreneurs, surrounded by their private armies in complete control.

Even before the Eighteenth amendment went into effect, antiprohibition forces began to form. By the late 1920's the Association Against the Prohibition Amendment, the Moderation League, and other antiprohibition societies appeared. State referendums and Literary Digest polls revealed that these opposition organizations were at least reflecting, if not actually creating, a steadily growing sentiment for repeal of the 18th Amendment.

As President, Hoover had to face up to the pledges he had made during the 1928 campaign. One of them, stated in his acceptance speech, had called for a 'searching investigation' of the prohibition situation, both as a 'fact and cause.' The eleven-member Commission on Law Enforcement and Observance, which he appointed late in May, 1929, left few aspects of the subject unstudied. In its final report, submitted January 20, 1931, the Commission branded prohibition enforcement as a failure, noted the increase in corruption that had accompanied it, deplored its undermining of law enforcement generally, and regarded with alarm its demoralizing effect on the federal judicial system. Two commissioners favored immediate repeal, and seven favored revision with the ultimate goal of national and state controls. The report, whatever its authors meant to recommend, revealed fully the existing discontent with prohibition and the need for decisive action.

Just as the Eighteenth Amendment was the child of the First World War, so its repeal was the child of the Great Depression.

In prosperous times the voters could tolerate the inefficiency of prohibition, make jokes about it, and let it ride. But with the advent of depression its every fault was magnified, and the best jokes turned stale. Hoover did what he could to enforce prohibition. He reorganized and enlarged the Prohibition Bureau, transferred it to the Department of Justice, and placed its personnel under civil service. But federal enforcement without state and local support was still a failure. In those localities, mostly rural, where public sentiment favored the law and supported enforcement, it was enforced; elsewhere it was the same old false pretense as under Harding and Coolidge. Eventually Hoover, who hated the saloon and deplored intemperance as much as anyone, made up his mind that the Eighteenth Amendment would have to go.



Both political parties took anti-prohibition stands in the 1932 presidential election campaign. Roosevelt spoke out strongly against it. Hoover's reluctance in making his decision may have cost him dearly. Roosevelt swept into office in a landslide. The National Prohibition party polled only a few thousand votes. In February, 1933, shortly after the Democrats took control of Congress, a resolution proposing repeal of the Eighteenth Amendment was passed. By December 5 of the same year, 36 states had ratified the Twenty-First Amendment and Prohibition was ended.

G. ALCOHOL USE IN THE UNITED STATES TODAY

After prohibition it became necessary for the states to set up administrative machinery to control the manufacture, sale, and distribution of alcoholic beverages. Twenty-nine states have developed a process for open licensing. This means that the state issues licenses to private firms who sell alcoholic beverages. Seventeen states, including Washington, are classified as monopoly systems because they buy and sell liquor through their own stores.

Another form of control being used by all states is taxation. The original intent was to make liquor expensive enough to keep consumption down. There seems to be some indication that taxation has become such a lucrative source of government revenue that consumption is actually being encouraged so that revenue will not decline.

Our heritage of customs and traditions from civilizations past has made it difficult for governmental agencies to control alcohol use regardless of the methods used. Today, because alcohol is our most socially acceptable drug, people tend to forget that it is also our most widely abused drug, ranking far ahead of marijuana as one of this country's major social problems.

It has been estimated that there are approximately ten million alcoholics in this country. There are numerous costs associated with alcoholism and problem drinking in this country. Some examples are:

- 25 billion dollars spent for medical expenses, accidents, lost working days, wrecked lives and broken families
- 50 per cent of the fatalities in auto accidents are alcohol related
- 25 per cent of the falls, burns, and other accidents that occur in the home and in hunting, boating, swimming, private flying, and skiing accidents are caused by use of alcohol.

*Self
Concept*



9-12

SELF-CONCEPT

9-12

A main reason for drinking is the feelings of well-being one gets from alcohol. Development of a positive self-esteem without the use of alcohol is crucial in the prevention of alcohol abuse. The process of developing students' self-esteem include activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Evaluation of self-concept.

SELF-ESTEEM

The following activities will help students identify the major factors which influence self-concept.

ACTIVITIES:

1. Discuss how peer pressure can influence self-image and behavior. Explore peer influence in the following areas.
 - a. keggars
 - b. drinking at school functions
 - c. drinking and driving
 - d. mixing alcohol with other drugs
2. Develop a class list of people who have had an effect on building self-images of students.
3. Have the students complete the "Self-Esteem Evaluation" sheets. Score the evaluation in the following way:
 - a. Total all ODD statements.
 - b. Total all EVEN statements.
 - c. Subtract EVEN statements from ODD statements.
 - d. A perfect score would be 39.
4. Discuss setting personal goals to raise self-esteem.
 - a. Try to raise your rating on ODD numbered statements which were rated 0 or 1.
 - b. Try to lower your rating on EVEN numbered statements which were rated 2 or 3.

PUBLIC DOMAIN: Montana Alcohol & Drug Division, State of Montana Teachers Guide for Alcohol Education: Grades 7-12, (Helena, Mt., High School, 1979), pp. 49, 51.

SELF-ESTEEM EVALUATION

Score as follows: 3 - True
 2 - Largely true
 1 - Somewhat true
 0 - Not true

POINTS STATEMENT OF PRESENT CONDITION OR ACTION

- _____ 1. I usually do my own thinking and make by own decisions.
- _____ 2. I often justify or rationalize my mistakes and defeats.
- _____ 3. I rarely experience envy, jealousy, or suspicion.
- _____ 4. Losing usually causes me to feel "less than."
- _____ 5. I normally let others be "wrong" without attempting to correct them.
- _____ 6. I am very concerned about what others think of me.
- _____ 7. I am free of guilt, shame and remorse.
- _____ 8. I feel vulnerable to others' opinions, attitudes, and comments.
- _____ 9. I am not prejudiced toward religious, racial or ethnic groups.
- _____ 10. I tend to look down on my own achievements and talents.
- _____ 11. I willingly accept the consequences of my actions.
- _____ 12. I often exaggerate and lie to maintain a desired image.
- _____ 13. I normally feel warm and friendly toward all people.
- _____ 14. I usually feel inadequate to handle a new or changing situation.
- _____ 15. I freely express love, hostility, joy, anger.
- _____ 16. I am very often belittling or critical of others.
- _____ 17. I am normally poised and comfortable with new people.
- _____ 18. I try hard to please people.
- _____ 19. I speak up for my own opinions and convictions.
- _____ 20. I have a strong need for recognition and approval.

(continued)

- _____ 21. I normally anticipate new endeavors with a positive expectance and confidence.
- _____ 22. I often brag about myself and my achievements.
- _____ 23. I accept my own authority and do what I think is right.
- _____ 24. I am often embarrassed by the actions of my family or associates.
- _____ 25. I accept compliments and gifts without embarrassment.

Key Concept: Improvement of self-concept.

LISTENING TO SELF

The following activity will help students identify a variety of ways to feel good.

ACTIVITY:

1. Make copies of "Listening to Myself" worksheet and give a copy to each student in the class. Have the students list on the worksheet ten activities that they really love to do. Mark each category with a Yes or No.
2. Discuss the answers on the worksheet. Ask the following questions.
 - a. What influence does your family have on your feelings towards these activities?
 - b. What influence do your peers have on your feelings towards these activities?

PUBLIC DOMAIN: Montana Alcohol & Drug Division, State of Montana Teachers Guide for Alcohol Education: Grades 7-12, (Helena, MT, High School, 1979), pp. 46, 48.

Key Concept: Identification of personal qualities.

"--ING" NAME TAGS

The following activities offer fun, non-threatening ways for students to identify personal qualities about themselves.

ACTIVITIES:

1. Give each student a large 5" X 7" index card or piece of paper and a safety or straight pin. Ask every student to write his/her first name with crayon or marker in large letters on the card so it will be visible across the room. Then they are to write five or six words ending in "--ing" which tell something about who they are, e.g., piano-playing, reading, fun-loving, fighting, baseballing, etc. They should write these words anywhere on their cards on the same side as their names.
2. Ask the students to turn their cards over and write their names again, in big letters. This time they are to write five or six words that report specific facts or statistics about themselves. They might write their addresses, phone numbers, height, number of brothers or sisters, last names, etc.
3. When they have completed both sides, ask them to choose the side they will show to the group. The students then fasten their tags to their clothes.
4. Ask everyone to get up and mill about the room in random fashion, reading each other's name tags, looking at clothes, eyes, faces, shaking hands, and asking questions if they feel like it. Ask that this be done with or without words. Of course, the teacher participates too.
5. Variations:

Instead of "--ing" words, other stems which can be used are as follows:

- | | |
|--------|---|
| --able | (touchable, reasonable, breakable, lovable, improvable) |
| --ful | (beautiful, trustful, wasteful, angerful, spiteful) |
| --ist | (optimist, botanist, cyclist, realist, specialist) |
| --less | (careless, penniless, merciless, hopeless, errorless) |

USED WITH PERMISSION: Life Skills for Health: Focus on Mental Health 4-6, (Division of Health, Safety, and Physical Education, North Carolina Dept. of Public Instruction, Raleigh, N.C., 1974), pp. 7-8.

Key Concept: Enhancement of self-concept by recognizing and sharing meaningful information about one's self.

SHARING BAGS

In many classes students never have an opportunity to get acquainted with their classmates. All of us share a need for meaningful interpersonal relationships. However, many times creating a classroom environment conducive to positive interaction is awkward and difficult. This activity could be a good starting point for teachers who seek to facilitate growth in interpersonal relationships among students.

ACTIVITY:

1. Distribute paper bags, one to each student. Instruct the students to select decorations from material scraps, magazines, pictures, etc. Have the students illustrate on the outside of the bags how they think other people see them.
2. On the inside of the bag, have students illustrate how they see themselves -- how they really are.
3. Upon completion, the bags may be shared with the entire class, with a small group, or with a partner. Following are questions which may be asked at the end of the activity.
 - a. How did you feel when sharing your creation?
 - b. What are some of the ways you are different from the ways others see you?
 - c. How accurately do you think you perceive yourself?
 - d. Do you feel good about the way others perceive you, about the way you perceive yourself?

USED WITH PERMISSION: Beier, Barbara, "Enhancing Positive Self-Concept Through Creativity in the Classroom," Health Education, Vol. 12, #2, Mar/April, 1981, p. 35.

*Alcohol Education
in the
Total Curriculum*

INTRODUCTION

One approach in teaching alcohol education is to implement it into the total curriculum. Listed below are the page numbers of activities which could be used in specific subject areas.

ART:

Pages 27, 44, 45, 52, 58, 98, 116, 120, 205, 208

HISTORY/GOVERNMENT:

Pages 26, 30, 37, 54, 72, 98, 101, 147, 189, 210

LANGUAGE ARTS/ENGLISH:

Pages 4, 6, 7, 9, 11, 12, 15, 18, 19, 20, 21, 25, 27, 33, 34, 36, 40, 42, 47, 57, 59, 63, 65, 69, 70, 72, 75, 77, 78, 80, 84, 86, 91, 93, 98, 100, 102, 104, 109, 111, 113, 116, 118, 119, 123, 125, 136, 138, 141, 144, 145, 147, 152, 154, 157, 172, 174, 177, 178, 185, 199, 204, 205, 208, 209, 210

MATH:

Pages 33, 65, 70, 93, 110, 138, 141, 202, 209

PHYSICAL EDUCATION/HEALTH:

Pages 4, 5, 7, 18, 19, 23, 24, 28, 36, 37, 40, 47, 59, 65, 69, 70, 75, 77, 84, 86, 91, 93, 101, 104, 109, 113, 116, 118, 123, 125, 136, 138, 141, 144, 145, 147, 154, 157, 177, 178, 199, 210, 212

SCIENCE:

Pages 5, 7, 23, 24, 28, 36, 47, 59, 65, 69, 70, 84, 86, 91, 93, 101, 104, 109, 113, 116, 123, 125, 136, 138, 141, 144, 145, 147, 154, 157, 177, 178, 199, 210

Alternatives

INTRODUCTION

People use alcohol for various reasons. One main reason is to experience the feelings that alcohol provides. In determining alternatives to alcohol use, it is essential to look at the reasons alcohol is used. Following is a list of possible reasons people use alcohol:

1. to have fun,
2. to escape,
3. to relax,
4. to be accepted by peers, and
5. to relieve boredom.

An alternatives-approach to alcohol use should focus on activities which could take the place of experiences which alcohol provides. Alternatives to alcohol must make people feel good about themselves, and give them a sense of accomplishment (Is Beer a Four Letter Word, p. 13).

ALTERNATIVES: ACTIVITY #1

The following activity could be used in an art class or as an after school project. The benefits of the following activity include the following: a relief from boredom, a social time spent with peers, a fun activity, and a positive sense of accomplishment by being able to help others.

JUNIOR HIGH ORIENTATION BOOKLET

Provide the students with two or three examples of books which describe a particular concept primarily through drawings. (Charles Schultz' Happiness is Walking Hand in Hand is a good example). Explain to your students that they have an opportunity to help with the orientation of next year's seventh grade students by developing a booklet which will be duplicated and distributed to students who are currently in sixth grade. The purpose of this booklet would be to help the new students understand what junior high is really like. List situations which reflect the realities of junior high, such as forgetting your locker combination; being late to class, trying to make friends in a new social group; working hard on homework; deciding whether or not to smoke, drink, or make-out at a party. As individuals or in small groups, ask students to design and create pictures which would effectively describe to incoming students what situations await them. Drawings might also suggest positive ways for new students to handle those situations. As the pages develop, allow time to discuss the issues involved, especially those which relate to how students make decisions about their behavior.

PUBLIC DOMAIN: Activity slightly modified from NIAAA, Saying No: Drug Abuse Prevention Ideas for the Classroom, (U.S. Government Printing Office: Washington, D.C., 1980), p. 6.

ALTERNATIVES: ACTIVITY #2

The following activity could be used in conjunction with a school newspaper or as an assignment in a math class. The benefits of such an activity include a social time spent with peers, a relief from boredom, and an opportunity to reflect on individual and group values.

STUDENT SURVEY

Introduce this activity by asking students to share their knowledge of what a survey is and does. Provide examples of survey questions and results (perhaps summaries of recent Gallup or Harris polls). With students, brainstorm a list of possible topics for a survey of student behavior or attitudes. As a group, select an appropriate topic. (Ideally, it will relate in some way to peer or media pressure and students' decisions about their behavior). Depending on the writing ability of your students, develop a questionnaire as a group for topics to be covered by the questions. With the students, discuss and decide on sampling, data collection, and data analysis techniques - making sure that each student is involved in as many phases of the survey as possible. Once the data has been collected, organized into tables, charts, or graphs, ask students to interpret the meaning of their findings. These interpretations can be shared with other students through Student Council, the student newspaper, or a special report from the math class to the rest of the student body and the faculty. Whenever appropriate, allow time for students to share their opinions, ideas, and experiences relating to the issues pertinent to the survey.

PUBLIC DOMAIN: Saying No: Drug Abuse Prevention Ideas For The Classroom, (U.S. Government Printing Office: Washington, D.C. 1980), p. 12.

ALTERNATIVES: ACTIVITY #3

The greatest benefit of the following activity is that it provides a social atmosphere for people where they will not be harrassed with peer pressure to use alcohol. Rather, the peer pressure will be just the opposite.

DRY DISCO

A dry disco can be set up and run in a lot of ways. It is basically a place where teenagers can get together and have a good time - legally and without alcohol - at night and on week-ends. Dancing to recorded music would be the most obvious activity but everything from rock concerts and more formal dances to table tennis contests and arm wrestling matches could be included. The only limit is your own imagination.

For a successful dry disco, have students be involved in setting it up. Following is a list of ideas to give students to get them started.

1. Make sure you have the support of your own group and your group leaders. This would mean not only the guys and girls working with you, but also teachers, the student council, your school principal, church leaders, YMCA/YWCA staff, and leaders of youth-related organizations. This is not to say that you have to have adult backing before you start looking for financial support, but it can add needed credibility and show existing support for the disco project.
2. While teenagers can and should take part in operating and governing a dry disco, it is clear that some adult or organization must commit time and money to the running of the disco. The disco is, among other things, a business. Some options in seeking financial support are:
 - * city, town, or county government, probably the recreation department
 - * a local business or corporation
 - * the Chamber of Commerce
 - * the Jaycees or other community groups
3. Next, you and your new business partners should look for an appropriate location for the disco. An elaborate modern building is not needed to ensure success, and the possibilities are endless: the basement of an office building, a barn, an empty store, a church facility, an existing club. As long as there is room for a beverage bar, dance floor, some tables, and maybe a game area, virtually any location will do.

4. The ongoing operation of the dry disco can be handled through a board of directors made up of students and owners. The key point is this: a successful disco needs two things: good management and customers. A real partnership between students and owners is crucial to a dry disco making it.
5. Atmosphere, decoration, and layout are most important. Styles could range from Polynesian to futuristic. No matter what style is chosen, it is important to have an atmosphere which will be comfortable and appealing to your customers.

PUBLIC DOMAIN: U.S. Dept. of Health, Education, and Welfare,
Is Beer a Four Letter Word?, (Rockville, Maryland, 1981), pp. 32-33.

ALTERNATIVES: ACTIVITY #4

POSITIVE ADDICTIONS

Alcoholism is classified as a negative addiction. The purpose in looking at alternatives to alcohol use is to help people find positive addictions. Positive addictions are ones which facilitate physical and psychological health. For example:

Jogging	Needlepoint
Meditation	Hang-gliding
Cross-country motorcycle riding	White water rafting

To reap the benefits of positive addictions, they must be continuously maintained and practiced. The benefits of positive addictions include relief from stress, anxiety, depression, and anger (Forrest, 1983).

Word of Caution: Positive addictions can be taken to the extreme, making them negative addictions. For example, a jogger can become so addicted to jogging that they destroy their health by overdoing it (Forrest, 1983).

ALTERNATIVES: ACTIVITY #5

PEER AND CROSS-AGE COUNSELING

Peer and cross-age counseling are becoming popular alternatives to alcohol use. Peer and cross-age counseling provide students with an opportunity to assume adult roles, become actively involved in an activity, and develop positive self-esteem through helping others.

CROSS-AGE COUNSELING: Junior high age students are assigned to elementary students to help tutor children who are having problems in school.

PEER COUNSELING: The emphasis is on the affective domain rather than the academic. Peer counseling is done by training students to lead rap sessions with younger students or students of the same age. The rap sessions are centered around topics of pertinent issues to the students.

The following are group leadership skills which peer counselors are taught to help them facilitate the rap session:

HELPING/FACILITATIVE RESPONSES

Communicating care
Showing support, acceptance, and understanding
Listening by demonstrating attentive behavior; eye contact, "uh-huh", yes, nodding
Being honest and open, reporting own feelings when appropriate
Focusing on feelings, labeling, restating, paraphrasing, reflecting
Avoids moralizing and rejecting, respecting feelings and attitudes
Offering relevant information
Confronting client when discrepancy is perceived between feeling and behavior or when client denies, avoids, or projects responsibility for feelings or behavior

NONHELPING/NONFACILITATIVE RESPONSES

Giving advice -- "you should"
Ridiculing, putting down
Responding in a judgmental way, developing a nonaccepting climate
Expressing sympathy or feeling sorry for the client
Forming quick solutions for the client's problem
Asking irrelevant questions for counselor's benefit, not client's
Talking about self instead of focusing on client
Denying a client's feeling; missing the point of client concern or responding to something other than what he is communicating; not really listening

PUBLIC DOMAIN: It Starts With People: Experiences in Drug Abuse Prevention, (Porter, Novelli & Assoc. Inc.: Washington, D.C. 1978), pp. 27-30.

Parent Information

INTRODUCTION

Because of the denial system which is so strong when dealing with teenage problem drinkers, parents are often the last to know, or acknowledge that there is a problem. Parents need to be educated of ways to communicate with their children about drugs and what can be done if there is a problem. The following pages could be copied and distributed to parents as a means of educating them about alcohol and encouraging them to educate their children.

TALKING TO YOUR TEENAGER
ABOUT
DRINKING AND DRIVING

Following are three reasons why parents should talk to their teenagers about drinking and driving:

1. Parents have both a legal and moral responsibility as well as a desire to protect the lives of their children.
2. As found in the nationwide survey of teenagers conducted for the National Highway Traffic Safety Administration, teenagers expect and want their parents to talk about driving and drinking with them.
3. Each situation, each adolescent, and each set of parents is different, so no one set of rules fits every case. Parents must use judgment in deciding what approach will be effective with their own children.

Communication is the key to talking to teenagers about drinking and driving. Parents need to talk to their children and vice versa. Following are some helpful hints on how to talk to your teenager on this sensitive subject.

1. Honestly explore your own behavior when drinking and driving before you talk with your teenager.
2. Be honest in expressing your feelings and in stating your own values and preferences. Encourage the same from your son or daughter.
3. Be calm, firm and consistent. Remember that you're sharing information about drinking and driving. Don't put your teenager on the witness stand or demand a confession.
4. Recognize that adolescents are not able to control all the situations they find themselves in.
5. Tell your teenager you want to hear what he/she has to say and to learn what he/she knows about drinking and driving. Be a good listener, even when you may not agree.
6. Keep to the point. No matter where the discussion leads, and no matter what kind of reaction you may get or may feel, keep forcefully in mind that this discussion concerns only the problem of drinking and driving or riding as a passenger with someone who has.
7. Emphasize that you are concerned not with the car, but with the preciousness of your teenager's life.

PUBLIC DOMAIN: "How to Talk to Your Teenager About Drinking and Driving", U.S. Department of Transportation: Washington, D.C., pamphlet, October 1975.

EARLY DRUG ABUSE INTERVENTION

Early intervention to a suspected drug (alcohol) problem is important. Intervention works best when it is practiced early, before the continued drug use increases the likelihood of permanent damage. If you suspect your child has a drug problem, act quickly, but act calmly. Following are some suggestions to help in early drug abuse intervention.

1. Don't Panic. Many young people experiment with drugs at some time in their lives; most will not become dependent.
2. Try to Talk With Your Children. Find out as much as possible about the situation.
3. Consult Other Parents. Peer pressure in the drug scene is very powerful. A group of parents acting together against drug use, however, can break up that pressure by affecting several members of a peer group.
4. Send away for a free pamphlet. The National Institute on Drug Abuse has prepared another pamphlet called Prevention for You and Your Friends. It is written for young people and it tells them how they can help their friends avoid drug abuse. Or send away for This Side Up, a valuable source book for young people faced with making decisions about drugs.
5. Be Informed About School and Community Programs, in case it seems wise to refer children for counseling or other help.
6. Be Alert To Positive Alternatives. Assist the young in discovering other physical, recreational, emotional, mental, or spiritual alternatives to the drug experiences that are just as much fun.
7. Become a Model. Parental misuse of drugs sets a double standard when it comes to discouraging adolescent drug abuse. To many young people, it seems that their mothers and fathers are "popping" unneeded tranquilizers, drinking heavily, or using diet pills more often than their peers.
8. Start Prevention Now. An ounce of prevention is worth a pound of cure, especially in the area of drug abuse. If older children have gone through a period of drug use, use the lessons learned to help with the younger ones.

INFORMATION RESOURCES

National Clearinghouse for Drug Abuse Information
National Institute on Drug Abuse
P. O. Box 1701
Washington, DC 20013

National Clearinghouse for Mental Health Information
National Institute of Mental Health
5600 Fishers Lane
Room 11A-33
Rockville, MD 20857

National Clearinghouse for Alcohol Information
National Institute on Alcohol Abuse and Alcoholism
P.O. Box 2345
Rockville, MD 20850

Technical Information Center
Office on Smoking and Health
5600 Fishers Lane, Room 1-16
Rockville, MD 20857

PUBLIC DOMAIN: National Institute on Drug Abuse, Drug Abuse Prevention: For Your Family, (Porter, Novelli & Assoc, Inc.: Washington, D.C., May 1980), pp. 14-15.

TEENAGE PROBLEM DRINKERS

Many parents are not aware of their teenager's drinking problem until it is well out of hand. Following are some guidelines for parents to follow when dealing with a teenage problem drinker.

GUIDELINES FOR BUILDING A HEALTHY RELATIONSHIP WITH THE TEENAGE DRINKER

DO'S:

1. Do take care of yourself physically, psychologically and spiritually.
2. Do take care of your teenage drinker and family.
3. Do get help/therapy for yourself, your teenage drinker and your family.
4. Do continue to live responsibly.
5. Do love yourself, your teenage drinker and your family.
6. Do work at changing yourself, and be committed to helping your teenage drinker.
7. Do make every effort to get your drinker into treatment and be actively involved in his/her treatment.
8. Do begin by practicing each of these "do's" today.
9. Do realize that changing today is the basis for expecting life to be better tomorrow.

DON'TS:

1. Don't permit yourself to be abused.
2. Don't try to control or change your teenage drinker--quit blaming, nagging, and complaining.
3. Don't deny your problems, the drinker's problems or avoid treatment.
4. Don't accept responsibility for your teenage drinker; stop hiding or pouring out the liquor, "covering up", and never drink with your teenager.
5. Don't develop a sense of hatred and rejection toward your teenage drinker.
6. Don't expect yourself or your teenage drinker to stop drinking or change overnight.
7. Don't be afraid to demand treatment for your teenage drinker even if this means utilizing legal procedures.
8. Don't wait until tomorrow or next month to get help for your teenage drinker, yourself and your family.
9. Don't expect relationship growth and change in the absence of your teenage drinker's and your own commitment to treatment and recovery.

10. Do commit yourself to the work of recovery.

10. Don't ever give up on yourself, your teenage drinker or your family relationship.

USED WITH PERMISSION: Guidelines taken directly from Forrest, Dr. Gary., How to Cope With A Teenage Drinker, (Fairfield Graphics: Fairfield, Pennsylvania, 1983), pp. 134-136.

HOW TO SPOT THE IMPAIRED DRIVER

Here are visual cues that indicate an impaired driver:

1. STOPPING WITHOUT CAUSE IN A TRAFFIC LANE.
2. FOLLOWING TOO CLOSELY.
3. TURNING WITH AN EXCESSIVELY WIDE RADIUS.
4. APPEARING GENERALLY TO BE DRUNK.
5. DRIVING ON OTHER THAN THE DESIGNATED ROADWAY.
6. STRADDLING THE CENTER LINE OR LANE MARKER.
7. ALMOST STRIKING AN OBJECT OR OTHER VEHICLE.
8. RESPONDING SLOWLY, OR NOT RESPONDING, TO TRAFFIC SIGNALS.
9. DRIVING AT NIGHT WITHOUT LIGHTS.
10. SIGNALLING INCONSISTENT WITH ACTIONS.
11. WEAVING, DRIFTING, OR SWERVING.
12. ACCELERATING OR DECELERATING RAPIDLY.
13. DRIVING UNREASONABLY FAST OR SLOW.
14. BREAKING ERRATICALLY.
15. TURNING ABRUPTLY OR ILLEGALLY.
16. DRIVING INTO OPPOSING OR CROSS TRAFFIC.

Any out-of-the-ordinary driving may mean that an alcohol-impaired driver is behind the wheel.

Drive defensively -- and be ready to report every drunk driver immediately.

PUBLIC DOMAIN: "Drunk Drivers Wreck Families", Montana Dept. of Institutions and Justice, Helena, MT.

Films

FILMS

The following films on alcohol are available at no charge to the schools. It is highly recommended that these films be scheduled early in the year as they are in high demand. The films are available from the following places.

Gallatin County Health Department
Room 103
Courthouse
Bozeman, MT 59715
(406) 587-4297

Film Library
Planning & Evaluation Unit
Cogswell Building
State Department of Health & Environmental Sciences
Helena, MT 59601
(406) 449-3444

Audio-visual Department
Bozeman Public Schools
Bozeman, MT 59715
(406) 586-8211

RECOMMENDED FILMS

UPPER ELEMENTARY:

JOEY & ME

A 10 minute color animated film. A 12 year old boy tells a story of an older boy, whose mother is an alcoholic. The older boy becomes an overachiever. Although a non-drinker himself, the boy was killed in a car accident due to someone else's drinking. This is a good film which depicts alcoholism, values clarification, and decision-making about drinking.

Available From: Health & Environmental Sciences

UPPER ELEMENTARY:

ALCOHOL & DRUGS: HOW THEY AFFECT YOUR BODY

Excellent 20 minute color film that illustrates how alcohol and drugs affect the body. Illustrations are done by computer cartoons.

Available From: Bozeman Public Schools

UPPER ELEMENTARY:

WHAT'S WRONG WITH JONATHAN

A 15 minute color film which depicts the many pressures a kid may face in a day. Excellent for getting a discussion going on coping with pressure.

Available From: Health & Environmental Sciences

JUNIOR HIGH - HIGH SCHOOL:

IT CAN'T HAPPEN TO ME

Excellent 30 minute color film depicting the story of a teenage alcoholic. This film shows the peer pressure placed on teenagers to drink and shows the progression of alcoholism.

Available From: Health & Environmental Sciences.

RECOMMENDED FILMS

HIGH SCHOOL:

BORN DRUNK

Excellent 10 minute color film showing examples of children who were born with "fetal alcohol syndrome".

Available From: Health & Environmental Sciences

BIBLIOGRAPHY

- American Lung Association, Smoking Deserves A Smart Answer: Adolescent Smoking Prevention Resource Guide, 1740 Broadway, New York, NY 1983.
- Beier, Barbara, "Enhancing Positive Self-Esteem Through Creativity in the Classroom", Health Education, Vol. 12, #2, Mar/April, 1981.
- Borba, Michele and Craig, Self-Esteem: A Classroom Affair, Vol. 2, Winston Press, Inc.: Minneapolis, MN 1982.
- Chase, Larry, The Other Side of the Report Card, Scott, Foresman, & Co.: Glenview, IL, 1975.
- Cooper, JoAnn, & others, Decision-Making, TACT: Doylestown, PA, 1979.
- Corbin, David E., "Health Games, Stimulations & Activities", Health Education, July/Aug, 1980, Vol. 11, #4.
- Cross, Wilbur, Kids & Booze: What you Must Know To Help Them, A Sunrise Book, E.P. Dutton: New York, NY, 1979.
- Dolan, Joe, "Drinking Myths", Health Education, Mar/April, 1975, Vol.6,#2.
- "Drunk Drivers Wreck Families", Montana Department of Institutions & Justice, Helena, MT.
- Engs, Ruth, "Responsibility and Alcohol", Health Education, Jan/Feb, 1981, Vol. 12, #1.
- Engs, Ruth, "Teaching Strategies", Health Education, Nov/Dec, 1975, Vol. 6, #6.
- "Fetal Alcohol Syndrome", Current Health 2, Curriculum Innovation, Inc.: Highland Park, IL, 1978.
- Finn, Peter, & others, Dial A-L-C-O-H-O-L and Jackson Junior High, Abt. Associates: Cambridge, MA, 1977.
- Forrest, Dr. Gary, How To Cope With A Teenager Drinker, Fairfield Graphics, Fairfield, PA, 1983.
- Harrison, Dorothy D., Healthy That's Me, Bio-Dynamics, Inc.: U.S. Dept. of Health, Education & Welfare, Office of Child Development, Project Headstart, Washington, D.C., 1972.
- Introducing Alcohol Education in the Elementary School K-4, American School Health Association: Kent, OH 1978.

It Starts With People, Experiences In Drug Abuse Prevention,
Porter, Novelli, & Assoc., Inc.: Washington, D.C., 1978.

Langone, John, Bombed, Buzzed, Smashed, or Sober, Little,
Brown & Co.: Boston, MA, 1976

Life Skills for Health: Focus on Mental Health 4-6, North
Carolina Department of Public Instruction: Raleigh, NC, 1974.

ME: The New Model, Lakewood City Public School System, Lakewood,
OH, 1973.

Mills, Kenneth C. & others, Handbook for Alcohol Education: The
Community Approach, Ballinger Publishing Co.: Cambridge, MA, 1983.

Montana Alcohol & Drug Abuse Division, State of Montana Teacher's
Guide for Alcohol Education: Grades K-12, Helena, MT, 1979.

Montana State Department of Institutions, Montana Comprehensive
Plan for Alcohol and Drug Abuse Prevention, Treatment, and
Rehabilitation, Alcohol & Drug Division: Helena, MT, 1983.

National Institute on Drug Abuse, Drug Abuse Prevention: For
Your Family, Porter, Novelli & Assoc., Inc.: Washington, D.C.,
May, 1980.

National Institute on Drug Abuse, Saying No: Drug Abuse Prevention
Ideas for the Classroom, Superintendent of Documents, U.S.
Government Printing Office: Washington, D.C., 1980.

Ohio Department of Education, Alcohol & Other Drugs: A
Curriculum Guide, Division of School Finance, Columbus, OH, 19__.

Simon, Sidney B. & others, Values Clarification: A Handbook of
Practical Strategies For Teachers & Students, Hart Publishing
Co., Inc.: New York, NY., 1978.

Smith, Arden & others, Giving Kids a Piece of the Action,
TACT: Doylestown, PA, 1977.

Stanish, Bob, Connecting Rainbows, Good Apple, Inc.: Carthage, IL, 1982.

Taking Risks: Activities & Materials for Teaching About Alcohol,
Other Drugs, & Traffic Safety, Book I, Elementary Edition,
California State Department of Education, Sacramento, CA, 1979.

Taking Risks: Activities & Materials for Teaching About Alcohol,
Other Drugs, & Traffic Safety, Book II, Secondary Edition,
California State Department of Education, Sacramento, CA, 1979.

Teper-Singer, Lynn, "Choices", Health Education, Nov/Dec, 1975,
Vol. 6 #6.

Toohey, Jack V., & Thomas L. Dezelsky, "A Values Clarification
Project in Southern Mexico", Health Education, May/June, 1979,
Vol. 10, #3.

U.S. Department of Health, Education and Welfare, Alcohol and
Health, NIAAA: Rockville, MD.

U.S. Department of Transportation, "How To Talk To Your Teenager
About Drinking and Driving", Washington, D.C., October, 1975.